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MENTAL NURSING

IT WAS in 1792, in the Bicetre, in Paris, that Dr. Philippe Pinel struck the chains from the limbs of some of the unfortunate inmates. Dr. Pinel thus began a revolution in the care of the insane that, despite the clogging and hampering weight of tradition and prejudice, is still going on. What Pinel did for France, William Tuke did for England in "The Retreat" at York. It was not until the middle of the last century that Dorothea Dix began her great work with the state legislatures in this country in the interest of better housing and better care for the insane,—a work that left its impress all across the country.

In recent years the Mental Hygiene movement has gained much headway. It is a movement that is concerned with both the prevention and the cure of mental diseases—*for a large percentage of mental disease is preventable and much of it is curable*. Despite the statement just made, the rate per 100,000 of general population receiving care has increased from 118.2 in 1890 to 220.1 in 1920. In other words, we had approximately 250,000 patients in hospitals for mental diseases in 1920, a number requiring almost as many hospital beds as all our other classes of patients put together, and yet many registered nurses have never so much as set foot in any of these hospitals.

Dr. Stearns, in his article, "Mental Hygiene for Nurses," says that three of the known causes of insanity, alcohol, syphilis, and heredity, are preventable. It is a statement that nurses may well ponder. Have we yet even recognized our obligation to aid in the campaign of prevention? We know well that we have done little toward curing the thousands who go into these great hospitals year by year. It is estimated that the economic loss to this country due to mental disease is \$200,000,000 annually, but who can estimate the cost in separation, in heartaches, in utter misery to those afflicted and their families? *A large percentage of mental disease is preventable and much of it is curable*. As nurses, what are we to do about it? Shall the vast majority of us continue to ignore this great

obligation and opportunity for constructive service, or shall we endeavor to secure for those now in our schools the knowledge and the training necessary to develop the skill (and it requires exquisite skill and an alert mind) for dealing with the "mind diseased"?

The few graduates who have been so fortunate as to have had a good course in psychiatric nursing included in their training, consider the knowledge thus gained one of their greatest assets in caring for all manner of patients. Few indeed, are the illnesses that are not accompanied by some degree of depression or other abnormal mental state. It has been said with witty intent, but it is none the less true, that "the mental patient is just like the rest of us, only more so." How then can we continue to ignore their plight?

Pinel heroically struck the chains from the bodies of the insane. Even greater is the contribution to the happiness of the world of those whose teachings avert the forging of the shackles of mental disease or strike off those already formed. If we steadily keep in mind the hopeful message that *a large percentage of mental disease is preventable and much of it is curable*, we cannot fail to accept the challenge to take a worthy part in this crusade.

PROFESSIONAL OR INSTITUTIONAL?

THE JOURNAL is indebted to Clara D. Noyes, President of the American Nurses' Association, for the following succinct statement on the effort to have the Sterling-Lehlbach Bill amended before its final passage by Congress:

It is believed that nurses all over the country, particularly those who served the government during the recent World War and Red Cross nurses enrolled for government service in the event of war or disaster, would be interested in the Sterling-Lehlbach Bill and its provisions as regards nurses.

This Bill, presented by Senator Sterling of North Dakota in the Senate, and by Mr. Lehlbach of New Jersey in the House, passed the House on December 15, 1921. It is the Civil Service Reclassification Bill and as such classifies nurses with other employees of the government. The point in the Bill, to which nurses as a class it is believed will take exception, is the fact that instead of being classed with the professional personnel, they are classed with the institutional personnel, with attendants and orderlies. This places them in a position which, it is believed, is ambiguous and improper.

Every effort is being made through the proper channels to have registered nurses placed in the professional group in this Bill. It is believed that these efforts will be successful. Senator Sterling, Chairman of the Civil Service Committee in the Senate, has expressed himself in favor of the change. The Sterling Bill, which is the Senate Bill, is at the present time in committee, and it is hoped that this change will be made before the Bill is re-introduced into the Senate. However, it is believed that the nurses of this country should be kept informed of

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the progress and the status of this Bill, and that they should use every effort to have registered nurses placed in the professional group.

WANDERERS AND—CARELESS WANDERERS

DURING December 352 subscribers notified the JOURNAL of changed addresses. During the same month about 100 "stock" cards came back from the Post Office giving changes of address or frequently stating that the JOURNAL was undeliverable. Sixty JOURNALS were returned marked "Not at —," "Unclaimed," or "Moved —Left no address." Some of the subscribers for whom these JOURNALS were intended are doubtless indifferent to the date on which the magazine arrives, but we know, from experience, that others will be disappointed because the JOURNAL failed to arrive on time. Occasionally a subscriber fails to receive her copy for several months before notifying us and then, when her letter does come, it is prone to have quite an "edge" to it. A few of these failures to carry through are unexplainable, sometimes (we confess it!) the fault is ours, but usually we have on record a communication similar to one of those enumerated above.

Sixty JOURNALS returned means sixty copies wasted, because, having been handled an unusual number of times, they have an appearance similar to that cartoonists are just now so fond of giving to their interpretations of the condition of this war-torn and "peacetorn" old world! The cost of sixty or more JOURNALS even with cost of postage going and returning, seems a small item when compared with the thousands of JOURNALS sent out each month. It is a small item, but our economies are practised in your interest and as the thrifty Scotch know so well, "Many a mickle makes a muckle." In this instance the saving in the course of a year would pay for some illustrations and every JOURNAL reader, we are sure, is looking forward to the time when we can use such material.

The disappointment of nurses who fail to receive their copies on time is a matter of real concern to all in the JOURNAL office. It is our very great pleasure to serve you. Addresses must and will be changed, but we believe we could give better service if necessary information were sent in more promptly. This information should in every instance, include the old address as well as the new. Failure to do this causes much unnecessary work. It also causes some amusing but exasperating mistakes such as arise when there are a number of subscribers of the same name. The writer speaks feelingly on this point as she has five professional sisters, some of whose names differ from hers only in the middle initial.

COMMITTEE WORK—AN OPPORTUNITY

WHO of us has not sat back and admired the graciousness of manner, the quick wit and the sound judgment with which some of our better known nurses address, or preside at, meetings? Even as we admire, we sometimes covet the gifts that have made them notable, without much thought of the years of effort that lie behind the ease of manner. Who of us really knows the cost to those women of their inspirational addresses or scholarly papers? Is it not probable that each one of them has gone through the anxieties and nervous tremors of the novice? Have we ever given a thought to the amount of sheer hard work, in committees and elsewhere, that has gone into the upbuilding of their contribution to our profession? In a letter accompanying the "Who's Who," which had been requested, a nurse who has held a succession of responsible positions stated that her most important work had been done as a chairman or president. She would doubtless find it difficult to even estimate the number of committees on which she has served as worker rather than as leader.

What is your answer when you are asked to serve on a committee? Do you give the question the thought it deserves or do you turn it aside with a lightly spoken, "I haven't time!" Do you really mean that you haven't the time or is it that you have not the necessary interest in the problem to be solved? How rapidly would our profession progress if all nurses declined this unremunerative and non-spectacular service? Where shall we look for the leaders of the next generation of nurses if we are unwilling to prepare ourselves by the same arduous process as that through which those we so admire have passed? Is it not logical to look among those who have developed poise in the "give and take" of committees, for promotion to the larger positions that bring a burden of responsibility, but also their own rewards in newer contacts and wider friendships? When next invited to become a member of a committee, will you not give the matter your thoughtful consideration?

In putting aside her work for a year, Miss Powell left a stirring message with the alumnae of the Minnesota University School:

I want to express my earnest desire that each member of the University School of Nursing Alumnae Association will feel it to be her privilege and duty to accept committee appointments whether in alumnae, district, state, or national organizations, and to do her part in the upbuilding of high standards of nursing in the state and in the nation.

It is a message that each one of us has received at some time from her superintendent, but we cannot too often be reminded that the prestige of a school is largely built upon the effort and prestige of individual nurses.

THE EVOLUTION OF NURSING EDUCATION¹

BY ISABEL M. STEWART, R.N.
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EVOLUTION is now an accepted idea in almost all phases of the world's life and activity. The old earth herself has gone through certain definite periods of geological development and her plant and animal life has been constantly changing in the process of adaptation to a changing environment. Species or races which failed to make such adjustments or could not compete with other organisms in the struggle for existence have invariably fallen by the wayside. It seems to have been much the same in the development of human society and social institutions. A modern writer observes that "in the struggle for existence among ideas those tend to prevail which correspond with the changing needs of humanity. They are not necessarily better or truer than those that they succeed, but they are better adapted to their age." By the same law social institutions such as law, religion and education, under the pressure of different economic and social conditions, take on new forms and characteristics which enable them to survive and to serve the needs of new generations.

Mr. Wells says of world history that it has always been a race between education and catastrophe. I am sure you will agree with me that whatever may have been the case in the past, the crisis in nursing today can be solved only by some kind of educational readjustment. The question is—What? Are we to grope around blindly hoping that we may hit on some happy formula to end our troubles, or shall we accept the suggestions of the people outside whose main diversion it seems to be to devise new ways of reforming us? Would it not be wiser to look into our own past and the experience of other vocations such as ours, and see if we cannot find some general law or principle which would aid us in this process of readjustment to modern needs and conditions?

The briefest survey of vocational education shows us that practically all vocations have gone or are going through a similar course of development. For our present discussion it is not necessary to debate the subject of whether nursing belongs to the jealously guarded group of "learned" professions or not. The general educational developments which have come about in law, theology, and medicine, have come also in engineering, architecture, dentistry,

¹ Read at the Annual Convention of the Illinois State Nurses' Association, Quincy, October 21, 1921.

social work, agriculture, home making, secretarial work, and dozens of other modern vocations, including trades as well as professions.

In outlining the main stages in vocational education, I shall follow the classification used by Dr. David Snedden in his recent suggestive and valuable book on Vocational Education. The *first* is what he calls the "pick up" stage where the training is entirely unorganized,—no definite period of initiation or graduation, no definite course of study, no recognized standards of fitness before one may practice the art or the trade. As a rule the learner is employed as a worker and gets his training as he goes along. It is stated that probably 90 per cent of all our workers in this country get their training in this haphazard way, among them the so-called "practical" machinists, carpenters, librarians, farmers, teachers, and "self made" business men.

The total number of nurses counted in our census reports include a fairly large group of "practical" nurses, with numbers of the short-course and correspondence-school type, whose training has been of this "pick up" kind. Some of our friends in the medical profession are inclined to recommend a reversion to this "neolithic" age of nursing, but in this they are against the whole weight of educational authority and experience and against the tide of evolution which moves steadily toward a better organized and more fully standardized type of training.

The *second* distinct stage is that of training by apprenticeship. Here the learner is put for a definite period of time under some master craftsman who undertakes to teach him the whole craft in return for his services. Sometimes an apprentice fee is also charged. This method of education was most fully worked out in the mediaeval guilds, the more exclusive guilds having rather an exacting course of practical training. Professional men as well as mechanics and tradesmen were trained by apprenticeship, indeed up to the last half century it was almost the only recognized method of securing any kind of definite vocational training. Professor Snedden states that probably only about 5 per cent of all workers are now trained by this method.

It is a well known law that all institutions carry with them the seeds of their own dissolution. The decline in apprenticeship as a method of education has been very rapid in recent years, partly because it was unable to adjust itself to the new demands of industrial and professional life, and partly because it was unsound on its economic side. Nursing is frequently quoted with journalism, acting, and library work, as the only modern professions still clinging to the apprenticeship method of training. If we study our own difficulties

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today, we shall see that it was exactly these difficulties which brought about the break-down of the system in other vocations.

There are three elements entering into all vocational training: the principles which guide and explain the practical work, the technique or method of carrying out procedures, and the tradition and spirit of the craft, the social ideals, which bind the group together and inspire it with a high sense of its social responsibility.

The emphasis of the apprenticeship system has always been chiefly on practical work, and at its best it does turn out good practical workers, but even here its limitations are obvious. The primary end of the shop, or office, or institution which offers such training, is production or service, and as a rule everything else is subordinated to this. The apprentice is expected to be a producer, to make himself useful, and often the work required of him has little or no relation to his future occupation. Much time is wasted in the repetition of routine tasks far beyond their educational value, while there may be a great many important things that do not come into his experience at all. Exploitation of the apprentice in the form of long hours, over-work, etc., is almost inevitable and there is no redress. Everything depends on the individual employer who may or may not take his educational obligations seriously.

This difficulty becomes acute when the body of scientific and technical knowledge needed for the successful practice of a profession, becomes so large that it takes the apprentice away a good deal from his practical duties. Even where the employer is willing to give such instruction, he finds it difficult to provide the machinery—the laboratories, trained teachers, and equipment for getting the knowledge over to his apprentices. As science advances and the responsibility of practitioners in all modern technical vocations increases, the body of required knowledge in chemistry, physics, bacteriology, mathematics, etc., becomes larger and larger. Finally it reaches a point where the private employer cannot provide what education is needed without eating up all the profits from his apprentice labor. When this happens the day of the apprentice system is nearly done. There have been many other factors entering in to destroy the apprentice system in modern industry, but they relate chiefly to the use of machinery which has never played a large part in nursing work.

Many efforts have been made to bolster up the apprentice system by organizing shop schools or night classes in some existing college or technical school to supplement the deficiencies of the practical experience. Even yet some law students, drug clerks, and architects, as well as mechanics and tradesmen, are found trying to eke out their haphazard training in shop or office in this way. But the compromise

is rarely satisfactory either to the student or the employer. The period of training is unnecessarily long because it is impossible to concentrate on essentials and get all the daily work done. The experience is usually lopsided and full of gaps because of the limitations in resources of one special institution or shop, or the lack of systematic planning. On the other hand, unless the employer can depend on a fairly stable working force, he cannot get his work done well. He would usually prefer to pay a regular employee and be able to command his or her full time and service without undertaking any educational obligations whatever.

The *third stage* in vocational education comes at the point when the work of training is transferred to a school whose primary purpose is not production, not service to some individual or institution, but first and last, education. In the beginning many of these independent vocational schools were endowed by private individuals or by public contribution. Some of them were maintained almost wholly by students' fees. Gradually they have been taken over by the state or by public agencies and have become a part of the state controlled system of education. Think of the schools and colleges now supported by public funds—military and naval academies, normal schools, agricultural colleges, schools of domestic science, commercial schools, technical schools, and under our state universities, schools of medicine, law, engineering, dentistry, pharmacy, architecture, veterinary science, and many others.

In the beginning these schools tended to over-emphasize formal class room instruction, as the apprenticeship type had over-emphasized practice. Some of them cut themselves off entirely from their old practice fields and taught their students from books almost entirely. The result was disastrous to practical efficiency. More and more they are coming to realize the essential importance of well-directed practical work in any good scheme of vocational education. Some of them are buying and running their own farms, hospitals, and so forth. Others are arranging with business, industrial and philanthropic organizations to have their students gain certain kinds of experience as a required part of their professional training. This is not going back to the apprenticeship type of training. It may be voluntary or paid service that is given, according to the value that is agreed upon. The essential thing is that it shall be educational throughout, that it shall be a part of a well-integrated scheme having for its object the best possible training for that student, in his or her particular line of work. Except in state supported schools, the students pay for their education, but it is never expected (except perhaps in the more exclusive private schools) that the whole cost of

education shall be borne by students. There must be substantial endowments to draw upon for libraries and equipment, for teaching and research, as well as for constant growth and expansion to meet the new demands which any living and growing profession must meet or face stagnation.

Along with this marked tendency to transfer vocational education from private to public control has come a movement toward consolidation. Sometimes this has come voluntarily when two or three small, struggling schools have seen the advantages of uniting their forces in one strong, well-equipped institution. Often the older, poorer schools have been forced to close their doors because of the competition of schools of the newer progressive type. Sometimes the state steps in or a professional group, such as the American Medical Association, and refuses recognition to schools which do not meet certain standards. The tendency all through is to create and maintain more uniform and more effective standards of education.

It is not difficult to decide which stage of development the modern hospital school of nursing is in. Unquestionably we are in the apprenticeship stage with a few modifications. It is important to remember, however, that the first school of nursing founded by Miss Nightingale in 1860 at St. Thomas', London, was distinctly of the more advanced type. It was founded and endowed, not primarily for the service of the hospital, but for the training of nurses. A well-organized course of lecture and class work was established and the practical work was arranged so that the student could progress from one stage to another, according to her educational needs, and could receive constant practical instruction from expert supervisors employed for the purpose. The school was distinct from the hospital, on a separate foundation, and this was always Miss Nightingale's recommendation.

We know that her whole scheme for the training of nurses was determinedly opposed by the great mass of the hospital officials and the medical profession at that time, but so efficient was the practical work of those early student nurses, and so economical was their service to the hospital, that it was not long before hospitals adopted part, at least, of the new idea and formed schools, not on independent educational foundations, but as a working arm of the hospital itself.

Miss Nightingale was undoubtedly far ahead of her day in her educational vision as well as in many other things and probably the realization of the independent nursing school was too much to expect under the conditions of sixty years ago, but think what a difference it would have made to nursing! However, she did manage to build into those early schools many sound educational principles which were

defended and maintained by the women who succeeded her. In the face of persistent opposition, torn constantly between their responsibilities to the hospital on the one hand, and to their students on the other, with little freedom and practically no educational funds, the heads of our pioneer nursing schools somehow managed to satisfy the demands of the hospital and at the same time to push forward slowly toward better standards of nursing education.

At its best our system of training has far excelled the ordinary apprentice type of school, but it is doubtful if any exploitation of workers in the industrial field has been worse than that of some of the commercial hospitals and the poorer type of public institutions. Nursing organizations and public-minded citizens have done much to control the most flagrant of these evils by publicity and state legislation, but they could not remove the defects of the system itself which make such abuses inevitable. It is only their efforts and the devoted spirit of thousands of student nurses which have kept the apprenticeship system going so long in hospitals. The question is now, how much longer it can survive—how much longer we are going to help it to survive.

(To be concluded)

MENTAL HYGIENE FOR NURSES¹

BY A. WARREN STEARNS, M.D.

Medical Director, Massachusetts Society for Mental Hygiene

THE subject of mental hygiene is one which is not as well developed as some other branches of public health work. There is nothing in mental hygiene, for instance, which corresponds to the tooth brush in dental hygiene, or to quarantine in the field of infectious diseases; but there has been an accumulation of knowledge in the past few years which, while it does not solve our problems, has helped materially and should be possessed by all who come in contact with mental patients. Aside from acquiring the most up-to-date knowledge in this field it is usually necessary before entering it to rid oneself of a certain amount of prejudice.

Mental disease is still associated in some minds with mysticism and witchcraft. Also, because mental disease is such a handicap, many of its victims are found in poorhouses and jails. It is thought

¹ Read at the convention of the New England Nurses' Association, Concord, N. H., May 11, 1921.

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of as more of a disgrace than most handicaps. The lame or the blind may make their way in the world despite their disabilities, but those with mental trouble are doomed by their handicap to stupendous obstacles and must always need a guiding hand. This has led to a pessimistic attitude, and I frequently have heard relatives say, "I had rather see him dead than in a state hospital." How unfortunate it is, when we consider the wonderful effort which states and communities are making to care for mental patients in the most enlightened manner! Why this prejudice and this horror? Is it because there is something in mental disease which is peculiarly distressing? Or, is it because of blind prejudice? Both to some extent, but principally the latter.

There is no class of patients that should make a greater humanitarian appeal than this class. So you, as nurses entering this field, must shake off any prejudice you may have and look upon these persons not as queer, or dangerous, or repulsive personalities, but as sick people demanding and needing your attention. When one person can get this enlightened attitude she will be an outpost in her community around which others may gather to lift the cloud of gloom which has centered about this type of disease. I will discuss briefly the four important groups of mental disease and abnormality, as follows: (1) Insane, (2) Feeble-minded, (3) Psychoneurotic, (4) Personality disorders.

Insanity represents as a rule the grossest form of mental disorder and we usually associate it with hospital residence. It is hard to tell whether or not there is an actual increase in insanity, because statistics merely cover hospital admissions. During the war, for the first time in many years, the admission rate fell off, because many, whose handicap ordinarily kept them from employment, were able to find work. This has led to a hope that just as the last generation has seen a tremendous development of institutional care, the next may witness a development of community care. This should be of particular interest to nurses who will face quite a share of the task of aiding these patients and their families in community life.

The three known causes of insanity are preventable, and alcohol, syphilis and heredity account for a considerable percentage. Insofar as medical practice is concerned these problems have been solved, but the application of this knowledge to daily life remains and offers a field in preventive medicine, different, to be sure, from the sterilization of milk bottles, but quite as important. The care of the aged, who are going to pieces mentally, is mixed with a great deal of false emotion and unnecessary difficulty. We tolerate certain conduct disorders in childhood without comment, or say,

"Boys will be boys," or use similar expressions, but the mental decay of old age frequently leads to disorders entirely unnecessary if the proper attitude could be maintained.

Other forms of mental disease are associated with exhaustion and often can be foreseen and prevented. The largest group, dementia praecox, presents a more sinister picture and the need in this group is for more study and more information. It offers a field for research unparalleled in medicine. Many theories are advanced, but one might almost say that a case of dementia praecox might as well consult Aristotle as the most enlightened physician today. However, this disease often occurs acutely and passes over, leaving a good deal of capacity. The proper regulation of the individual's life and the rewards for effort in community care are great.

The feeble-minded present a more simple problem. These are either children who are backward or adults whose brains have not developed. Studies in heredity have shown that a large group of the feeble-minded are so because their fathers and mothers were feeble-minded. This should be prevented. Medicine again has done its share. If you plant weeds you get weeds. In some ways society should benefit by this knowledge and the wholesale reproduction of imbeciles and idiots should cease. Accident, injury and infectious diseases cause a certain amount of feeble-mindedness and offer some chance of prevention.

The most recent advance in the care of the feeble-minded is exemplified by Dr. Walter E. Fernald's attitude. For years plans were made which hoped ultimately to segregate all of the feeble-minded. Later studies have shown, however, that this would be unnecessary and that the vast majority could be cared for in the community under intelligent supervision. This, you see, offers a most promising field for the nursing profession. Also it has been found that the defective child, trained in the special class, often makes a quiet and useful citizen; whereas, taken from school because of lack of facilities, turned onto the street, and neglected, he is apt to become a parasite and menace to society.

There is no more widespread cause of illness than the functional nervous diseases,—hysteria, neurasthenia and psychoasthenia. These individuals are not insane or feeble-minded. In so far as their capabilities are concerned, they are often quite talented. They are misunderstood by friends and relatives and lead unhappy, useless lives through maladaptation. At one end of the scale we will find people who are so healthy that they will stand any strain, while there are others who are so poorly equipped that they are unable to stand even the most protected life, and so become invalids. These

disorders are found both among the rich and the poor, for both classes have their maladjustments. However, environment seems to be a fertile cause and the relief of human suffering is closely associated with the prevention of psycho-neurosis. These individuals need assistance and, given a lift at the proper time, they may be useful and helpful citizens. There are some factors in our changing civilization which seem to be increasing this sort of disability. Life is more complex. Quantitative considerations are replacing qualitative ones, and the instances which cause nervous breakdowns seem on the increase. This calls for intelligent propaganda.

Lastly, just as some individuals are taller or shorter than others, so all differ in their personal traits. Some individuals are so totally different from others by nature that it constitutes a handicap. The emotionally unstable are so easily upset that they are unable to withstand the vicissitudes of an ordinary life. The paranoid are so disagreeable, suspicious and quarrelsome that they live isolated lives in our midst, while the inadequate, though otherwise well equipped, lack initiative, aggressiveness, and perseverance to such an extent that they frequently fail.

I can hardly do more in closing than to commend this branch of medicine to your attention and to assure you that it has rewards both in a material sense and in the uplift of humanity, which is the common purpose of doctors and nurses.

THE PRIVATE DUTY NURSE¹

BY MEYER WIENER, M.D.

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A SERIOUS contemplation of the subject of private duty nursing reveals a much broader field for study than a casual survey of the topic would at first indicate. There are so many phases to be considered as to what produces and what constitutes the ideal private duty nurse, that it is impossible to touch upon the many aspects, except in a general manner.

Educating the nurse for private duty is a topic which can give rise to much discussion. No one appreciates the importance of special training with private patients more than does the graduate starting

¹ Read at the Annual Convention of the Missouri State Nurses' Association October 10, 1921.

out on her first independent case, in a home or a hospital, other than that in which she received her education. Nor can the lack of such training be felt by anyone more than by the one who has missed this most important part of practical nursing. I have spoken to young women who were graduates of excellent schools for nursing, who recalled the many days of nervous anxiety when given their first private cases to nurse. They eventually may become excellent and competent private duty nurses, but not as a rule, without many heartaches and misunderstandings to both patient and nurse.

I believe that an exchange of pupils between public hospitals which have ward patients, and those where a large proportion of the patients cared for are private patients, might be of great benefit to both. One may discourse endlessly on the attitude and behavior of a nurse in the private home and on special duty in a hospital; but only actual service and personal observation, preferably under guidance in training, will prove of practical value. I do not know whether any training school ever sends its student nurses into the homes under supervision of an instructor, but it would seem to me to be of inestimable value and help for future use to the young woman. One instructor could readily float between a number of homes to survey the situation, scrutinize the work, listen to questions, and make suggestions for service to the patient, as well as benefit to the nurse. In view of the present scarcity of nurses it might seem at first a highly impractical suggestion, but I believe a short period of after-graduate elective work along this line might be made most attractive and profitable to the student nurse as well as to the training school.

The private duty nurse has many responsibilities to fill. Most important to consider are the relationship of nurse to patient; for after all, her first consideration must be to make every effort to aid the physician in giving comfort and bringing to a successful and rapid issue, the illness of the patient. There may be conflicting calls at times as to her sense of duty. I know there are many instances when the nurse feels that orders of the physician are irreconcilable with the instructions she may have received in training, and inimicable to the best interests of the patients. There can be but one answer. She is the aide of the physician on the case to comply with his orders. Whenever it comes to pass that obedience to him and carrying out his orders, conflicts to such an extent that her conscience will not permit her to proceed further, I believe she should frankly tell him so and step quietly out of the case.

On the other hand it sometimes comes to pass that the nurse in charge comes into possession of certain facts revealed by the patient in confidence, which might be of untold value to the physician in his

handling of the case. I believe that such facts, in the judgment of the nurse, should be communicated to the physician in confidence, which he should and will, hold inviolate. This is the view which I am sure is held by all teachers of nursing ethics, and while no ruling can be held out as infallible, the exceptions to this one must be extremely infrequent.

The duties of the nurse do not stop merely in the actual mechanical service she renders, but entail certain psychical support and help to a normal and happy state of mind, which will be most conducive to bringing about a cure. For experience has taught us that while the mental attitude of the patient cannot be the sole factor in curing disease, it often becomes one which is the determining element in hastening the restoration of health, or a most potent influence for favorable progress in times of a crisis. No one can instruct the nurse how best to secure the confidence of her patient and to influence her in the best way to secure mental ease. Each patient is a problem unto himself and the intense sincere desire to do her best, with good judgment gained by experience, will be her safest guide.

The accountability of nurse to patient does not end with her service to the individual case for which she is caring, but involves a duty to the public as an educator in allied medical, nursing and social hygiene problems. She should familiarize herself with such subjects sufficiently to enable her to answer intelligently many questions of general interest, on which her training and education have qualified her to speak with authority.

Take for example the question of vivisection. Who, of all individuals, aside from physicians, can better enlighten the layman regarding its innumerable benefits, as well as disillusion him in reference to its supposed horrors? I mention this as one of a great many points to be considered. Ignorance on her part reflects discredit not only on herself, but on the nursing, and in a measure, the medical profession as well. I am happy to say that the nurse of today, being better prepared in an educational way than ever before, realizes more than ever the greater responsibility of her profession to the public.

I have not mentioned the responsibility of the nurse on private duty to the hospital. She must bear in mind that each institution where she serves has certain rules and regulations, usually carefully thought out, and with definite purpose in mind, by those in authority. She may not be in accord as to the propriety of such regulations. It is not for the individual to judge, but to acquiesce. It is not incumbent upon her to nurse again in such a hospital, but while there, she should take her medicine and not criticize, so long as there is no discrimination against her as an individual. If a nurse on private

duty in a hospital thinks she has a just complaint, I am sure that any broadminded supervisor will be only too glad to listen to and rectify any injustice.

On the other hand, the hospital owes a certain duty to the nurse. She is entitled to be made acquainted with any rules which the superintendent feels might be different than in other similar institutions. She deserves consideration as to food and hours of service. In my experience, there has never been so much criticism as to the character of food given to nurses as the manner in which it is prepared and served. I am told that many times food is served cold where, with a little extra attention, this could be avoided. Coöperation between hospital authorities and nurses makes for efficiency. Probably the greatest fault lies often with the private duty nurses who, instead of giving constructive criticism to the proper authorities who should be glad to improve their service, keep things to themselves or pass on their wrongs to other nurses.

A question also arises as to where the authority of a superintendent should stop in excluding nurses from caring for the sick in their respective hospitals. Rules of the hospital should unquestionably be observed by all who wish to avail themselves of the privilege of private calls to that institution, but the hospital authorities, on the other hand are, to my mind, too unbending in many individual cases and impose a hardship and injustice on a few young women who have, perhaps, not yet acquired the restraint which comes with years of experience, or it may be, lack the proper home training, which would enable them to curb hasty impulses. They are thus made to suffer permanent exclusion at times, where perchance limited restrictions might conduce toward a better understanding and serve the best interests of both hospital and nurse.

I have spoken thus far mostly of the responsibility of the nurse to her patient. There is also an obligation on the part of the patient to the nurse. He must think of the nurse primarily as an agent of the physician, who is using every effort in her power to help the patient as a human being, and not a mere automaton or machine, or, as a few seem to feel, a servant. While it is true that a nurse on private duty in a home may feel under certain emergencies, that it is incumbent upon her to perform definite tasks not strictly within the lines of her nursing duty, but as one able human being trying to help out another, these should never be expected nor demanded by the patient, but be gratefully received as extra service. The human side must be stirred in the patient toward his nurse for the best understanding.

The question of double and single duty, hours off duty and nursing

shifts, are problems with which I do not feel at all competent to cope and which require too much discussion to come within the scope of this paper. I can only say in a general way that in order to get the best possible service, due consideration must be given to the physical needs of the private duty nurse.

Group nursing, while still in the early or experimental stage, has proved itself to be most ideal in many ways. It solves a most difficult problem for a certain class of patients who require a great deal of nursing care and whose means are too limited to permit the expenditure of funds sufficient to employ special day and night nurses. It helps clear up a perplexing question affecting hospitals of the highest type, whose first thought is to give the best possible service and nursing care under present trying conditions. It elevates the nurse into a more ideal and lofty position of not limiting her attention to a single individual, but distributing her knowledge and attention in a much broader sense. The private duty nurse of our day has much higher preliminary educational requirements, and increased hours of actual nursing education, gained at the expense of time taken up in former years with what are now considered purely menial duties. She is taught by paid instructors, who are specialists in their line, including the fundamentals of medicine as well as the most modern conceptions of dietetics and food values. Indeed, it is becoming a recognized fact amongst the laity, and men of learning and educational institutions, that the trained nurse is graduating into a profession in reality, as well as in name. This is evidenced by the recognition by a number of universities of the student nurses, in laying out a course as part of the regular college curriculum and granting degrees and diplomas at their annual commencement.

It would seem, therefore, that we shall look into the future to see group nursing in the private home as well as in the hospital, that the time is not far distant when the dignity of a young woman who has been graduated in the profession of nursing will not permit her giving her entire time to a single individual except in the most serious case. The daily routine of nursing can easily be performed by a trained attendant who need not have the more profound knowledge possessed by the graduate nurse. The latter would then be able to divide her time between several patients, visiting for a few minutes or hours as the case may demand, helping out the nurse attendant and giving advice, not as a physician, but directing the nursing care. The patient can readily be educated to this, just as he has been educated to the advantages of group medical service. When one goes to Rochester, Minnesota, he seldom falls into the hands of the founders of the clinic, but obtains the advantages of their highly developed

specialization. In the same manner, I can easily conceive that a private duty nurse who is not confined by the onerous burdens of routine nursing duties such as washing a patient's face, scrubbing his teeth, brushing his hair, giving a sponge bath, reading his morning paper, and serving as a professional entertainer, would have a broader field ahead in giving more time, thought, and study to the most highly advanced thoughts on modern nursing developments. She could consult with and coöperate with the physician in charge on the questions of food values and their preparations, develop technic in gastric lavage, make preparation for, or peradventure dress some difficult surgical case, and countless other functions, taking nothing from the glory of the medical, but adding much to the exaltation of her own profession.

ZANUB

BY FRANCES JACKSON-BENNETT
American Mission Hospital, Assiut, Egypt

SHE was a Moslem girl—bright, attractive, sweet. Her father and mother were both dead, so she, a little nine-year-old child, had to earn her own living. She "went into service" and became the wee maid of all work in the house of a Moslem Bey. The Bey himself was kind enough and the child liked him, but his wife and the other servants were hard on, and unkind to, the orphan, and work was continuous and very monotonous.

One day her master, while resting in his room with his brother, bade the child boil him some water, so she lit the primus stove and was just about to place the kettle on it when a bit of her poor, torn, dirty dress caught the flame, and before she realized it, her whole dress was in a blaze. Dropping the kettle, she rushed through the house, so fanning the flame, till she reached the door of the Bey's room and would have entered, but that her master's brother at sight of the burning child lost his head and banged the door in her face. But the Bey, who grasped the situation, lost little time in running out, seizing the child, and with his own hands putting out the flames, thereby getting burned himself.

Two hours later, wrapped in a blanket, they brought her to the hospital. She was shockingly burned, nothing save one arm and her sweet little face having escaped the cruel flames. The nurses dressed her and placed her in a corner bed in the surgical ward. Shortly afterwards, on passing through the corridor I heard awful screams and thought for the moment they were dressing some little child who

was afraid. However, a nurse came to me and told me from whom the screams were coming. I went to the wee soul and found two native nurses trying to hold her while she struggled and screamed. Hardly could I quiet her while I asked her some commonplace questions. Later, on re-entering the ward, I heard one of the nurses say, "Here she comes," and feared at first they were trying to frighten her into being quieter, but was soon undeceived. As I got nearer the bed the wee face brightened and the child asked me to sit near her. I took a chair, but that did not please her. "Please sit on my bed," she pleaded. Then, "Put your arm round me," and then a wonderful quiet came over her and she became almost still. But each time I moved to go she would beg me to remain with her, and her beautiful brown eyes looked into mine most trustingly. Yet I'm sure she had never before in her short life seen a foreign face.

Later on she again became restless. Then, "Let me sit up," she pleaded. I raised her, then very sweetly she murmured, "I want to sit up in your arms." Who could resist her, poor little pain-torn child? One of the native nurses had long since slipped away to see to her other patients, the other stood near to help me should I need her. I turned and asked her if she was praying for the child. She answered, "Oh, yes, I'm praying much that she should get better." "Don't," I said, "just pray that she shall find peace." Yes, looking at the poor burned body, that sweet little face, and into those beautiful, soulful eyes, and knowing a little of the life which, as an orphan Moslem servant girl, would be hers, I felt I dared not pray for her physical recovery. But earnestly I prayed that the wee soul would be saved unto eternal life.

A few hours later, very quietly, very restfully, wee Zanub passed away—passed, as we fully believe, right into the presence of Him who said, "Suffer the little children, and forbid them not." And for many days one's soul was thrilled as she thought of the joy which must have been hers when she entered those undreamed-of glories. She who, even amid intense physical suffering, responded so quickly to the touch of human love and sympathy,—how her whole being must have responded as she found herself free from pain and in the midst of the circle of the love of the children's Saviour.

THE PASSING OF A GREAT SOUL

On December thirteenth, over 1,400 sightless men attended the funeral of Sir Arthur Pearson, the great-hearted man whose best memorial is St. Dunstan's,—that marvellous institution in London for the rehabilitation of blind soldiers, that is animated by Sir Arthur's personal motto: "Victory over Blindness." It was while occupying a premier position in the journalistic world that his own blindness came upon him, an affliction which caused him to consider others similarly afflicted as his own especial charge—an obligation he fulfilled to the uttermost.

LIP READING AS AN AID TO HEARING¹

BY EMMA B. KESSLER
Kessler School of Lip Reading
Omaha, Nebraska

PERHAPS you know the story of the little boy who tried to explain what an organ of the body was by saying: "I see with my eye organ, I hear with my ear organ, I smell with my nose organ, I eat with my mouth organ, I feel with my hand organ." Those of us who have had the soft pedal applied to our ear organ can gain much that we might otherwise lose, if our eyes are trained to aid our ears.

When a diminished sense of hearing renders one's mother tongue as unintelligible as a foreign language, one feels much like "a man without a country." I speak from the standpoint of the deafened, those in full possession of speaking power, whose hearing has become impaired after reaching maturity. Their problem differs from that of the deaf child and the method of teaching them must necessarily be different.

There is no longer much doubt in the public mind as to the advisability of teaching the congenitally deaf, speech and speech-reading. It is generally conceded that those who have lost their hearing entirely in later years would profit by a systematic study of lip reading. It has never occurred to some people that the partially deaf need special education. A person who hears one word and misses four or five in ordinary conversation, or one who hears the vowels and misses the consonants, needs an aid to hearing. Lip reading affords the most natural aid and proves useful long before, as well as long after, mechanical devices can be used to advantage.

While lip reading is no longer in the experimental stage, there is still much need for educational campaigns. Some people have never heard of lip reading, others are prejudiced against it, and all too many feel like the mother who told me recently that her twenty-year old daughter did not need lip reading because she could hear if she wanted to, and besides she never would have been deaf if she had not eaten too much strawberry short-cake. It is not uncommon for hearing people to try to dissuade their deafened friends from taking up the study of lip reading on the grounds that it is injurious to the eyes, that it will cause them to lose all the hearing they have left, that it is beneficial only to the totally deaf, or that it will make them self-conscious. Small wonder then, that the hard of hearing them-

¹ Read at the annual convention of the Nebraska State Nurses' Association, Lincoln, October 12, 1921.

selves, in their unhappy state of mind, contend that they do not need lip reading because they are not deaf enough, because they are too deaf, because they can hear automobile horns and train whistles, and just "because."

If it were fully understood how much a little deafness hurts and how much a little lip reading heals, there would be no conservatism on the one hand about urging lip reading upon the deafened, and greater eagerness, on the other, to learn to listen with the eyes. While lip reading is the only hope for the totally deaf, it is of inestimable value to the slightly hard of hearing. It is no harder on the eyes than to read the printed page, although it does require more mental gymnastics. Since the comprehension of spoken language is the most important use of hearing, there is no logical reason for deferring the study of lip reading until one is so deaf that one can no longer hear traffic.

The partially deafened lip reader uses his ears for all they are worth and lets his eyes fill in the gaps. He hears the sounds that are easy to hear and depends on his eyes and mind to supply the rest. He often has the feeling of actually hearing all that is said, only to find when he lets his eyes glance from the speaker, that he can no longer understand a word. For instance, he might hear you say, "I aw uh oo ä." What he would understand with the help of lip reading would be, "I bought a new hat," and he would probably be polite enough to assure you that your new hat was very becoming. Thus, by letting eyes and ears coöperate, the lip reader makes the most of a remnant of hearing. As lip reading facilitates communication, he has his mind taken off his deafness and becomes less self-conscious.

Many of the ills of deafness could be prevented if lip reading were employed by the slightly deafened as an aid to hearing, just as glasses are used as an aid to defective vision; it should not be looked upon as a last resort, but as a first aid as soon as the doctor realizes that hearing which is lost cannot be restored. A person whose hearing is becoming dull may seem perfectly well, but he suffers mentally. For this trouble lip reading is the best known remedy.

One of the unfortunate things about deafness is that it makes many people helpless. Sometimes, however, it is unduly kind relatives and friends who are responsible for the helplessness. I have in mind a woman of forty-four who was not allowed to ride alone on the street cars because she did not hear well. Had she been given a little lip reading and liberty, she might have turned her deafness to advantage in an emergency as did one of my pupils one evening. When passing a furrier's window a man stepped up from behind and

pushed her toward the curb. As he glanced toward the window, she say him say: "Would you like to have that fur neck piece?" "I am deaf," she replied, "I can't hear a word you say." And the stranger fled.

It may be of interest to note what a well known aurist has to say regarding lip reading. I quote the following from Dr. Max A. Goldstein's "The Practical Value of Lip Reading":

To the partial or incurable deaf, the acquisition of lip reading is a manifold blessing; it releases him from the constant handicap of his aural infirmity; it relieves the constant nervous strain and embarrassment of isolation from the rest of his fellows; it restores his social status and his means of communication with his fellow men. To the otologist it offers a consolation for his inability and impotency to cope with certain forms of aural pathology and it places him in a position to restore the peace of mind and to instill new hope in his deaf patient. Grant that every otologist has in his clientele a large number of patients partially or totally deaf, the result of suppurative catarrhal or sclerotic aural processes, and that the limit of practical treatment has been reached, this is the group of cases of every clientele whom you should advise to take up a systematic study of lip reading.

Six years ago when Dr. Goldstein told me frankly and kindly what I might expect of my hearing, he added that lip reading would make me practically independent of my handicap. At that time I was not ready to accept his statement, for I had studied lip reading long enough to know that it was not as good as perfect hearing, but I have since come to realize that one is independent of a physical handicap when one is no longer spiritually crushed beneath the burden of it.

The time required to become a good lip reader varies greatly with the individual. Many are benefited by two or three months of intensive study. The majority, however, should devote about six months to systematic training. Young people usually become proficient more quickly than do older people, but it is a matter of record that men and women past seventy have taken up lip reading and have felt well repaid for their efforts.

Lip reading has its natural limitations,—many people articulate carelessly; some talk through their lips instead of with them; some hide their speech behind their teeth; others have mouths that are fearfully and wonderfully made. Nevertheless, lip reading is tremendously worth while, its value cannot be estimated in dollars and cents; it must be measured in terms of contentment, efficiency, and self-reliance. Deafness can never be anything less than an inconvenience, but it does not have to be an affliction, for lip reading enables one to live on a lower level of comfort without living on a lower plane of thought.

As you come in contact with the hard of hearing you will not fail

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to pass on the good tidings of lip reading if you bear in mind the words of the man who said: "I expect to pass through this world but once; any good, therefore, that I can do, or any kindness that I can show to any fellow creature, let me do it now. Let me not defer or neglect it, for I shall not pass this way again."

WHAT CONSTITUTES COMPETENT AND SOUND APPLIED NURSING SERVICE IN OUR HOSPITALS TODAY?

BY MARY M. RIDDLE, R.N.
Newton Centre, Mass.

ONE might say, that nursing service which helps the patients back to normal physical conditions and insures their ability to continue the ordinary pursuits of life and promote their happiness as well as general welfare, must be the soundest applied nursing service our hospitals can furnish today. And that hospital which recognizes these great obligations will lose no opportunity for acquiring equipment, knowledge, and the spirit to render it. Whether the nursing service is given by thoroughly trained and accomplished nurses or by a school of nursing which is an integral part of the hospital, it must be competent or the hospital does not meet its obligation to the patient. When the hospital is dependent upon its school of nursing for all or nearly all of the nursing care given to its inmates, it becomes necessary that the school shall have thorough instruction and competent supervision. If all other things were equal, one would say, or at least naturally suppose, that the best instruction would be given in the largest general hospitals. But since they are not equal, the best instruction is not always given there, though the material for teaching purposes is most abundant.

If the nursing body is accomplished and if the morale is what it should be, if there is enthusiasm for the work, conscientiousness in doing it, and a spirit of humanitarianism manifested or at least possessed by the nurse caring for the patient, whether the nursing service is rendered by pupils or graduates, it must pass into good care. In those institutions where the nursing care has always been given mainly by the pupils or a school of nursing, it has been the custom formerly to expect the most inexperienced beginners to undertake

¹ Read before the Clinical Congress of the American College of Surgeons, October 24, 1921. Reprinted from *Surgery, Gynecology and Obstetrics*.

even complex work for the patients, who from the nature of their illness, should have had tender and skilful care and management. All that is now changed, it being the custom in those same schools to have the nurses made familiar with such procedures in the class room before coming in contact with the patients. This change is one of the blessings that have come out of the three years' course, advocates of which believe that practice should be so often repeated as to be automatic and almost perfect before the patient is subjected to it, and not only is a patient's comfort an item for consideration in this connection but his safety also, for when the nurse's routine practice is so nearly perfect, she need not concentrate her attention upon it but can keep her mind constantly upon the patient and his condition and thus often protect him from extreme weariness or even a much more serious situation that would really pass unnoticed if she were absorbed by her practice.

The patient should be given the best possible care at the hospital because, first, he needs it, and second, because the hospital by becoming such has positively agreed to give it. So far as the individual patient is concerned, the purpose is that he may be cured. But so far as the physicians, internes, and student nurses are concerned, there is an additional reason. That is, giving the care as thoroughly and scientifically as possible in order that other patients, future generations of patients anywhere and everywhere, may also have the benefit of their work. Besides the duty of the hospital in furnishing means for the possible cure of its patients, there is another duty it owes the public, and it may be classed under the head of prevention of the spread of disease. To this end it must then so use and suit the materials found in its walls that it can make its contribution to the sick. No small part of the additional work incurred in these procedures necessarily falls upon the nursing staff and it must be prepared for its work by being given suitable instruction. Here, again, may be mentioned another reason for the existence of the three years' course in the training school for nurses since suitable instruction in this as in all other forms of education requires time.

The arousing of the hospital and its staff through the hospital standardization campaign has borne much fruit, and that such efforts at improvement will have a stimulating effect upon the body of graduate nurses and nurse schools in all such institutions is firmly believed. Especially will it be so in those institutions where the student body of nurses is given recognition as an educational factor and where the school is supported, as it should be, by the hospital staff and community and standardization committee, all for the betterment of the sick.

It is believed, to recapitulate, that nursing service is best which contributes most to the ultimate recovery of the patient or, when recovery is impossible, which finds the patient every available comfort. It is believed that the most satisfactory nursing is done in the larger general hospitals and in those of secondary size by students of a well-equipped, well-managed, and well-instructed school of nurses. The old hospital slogan that "Nurses are created for the patients," must be amended to read, "for these and future patients, anywhere and everywhere, as well as for those whom we can help to avoid being patients." The nurses, therefore, must be trained to meet all such requirements, and three years are none too long for the purpose. It is the duty of the hospital to see that the student nurses get a just return for their efforts in its behalf. It is the nurse's duty, as well as privilege, to give her very best service to the patients and to carry out zealously all orders or directions for their care and treatment. If standardization does as much for the schools of nursing as it has done for the hospitals, it will certainly be welcomed by the schools.

The greatest need in the suffering world today is for young women of good breeding, of good education, and of fixed principles of righteousness, which when added to good training will make an army that will be invincible before selfishness, negligence, and profiteering.

Let the hospitals give them what they seek. Let the community give them a place in it. Let them be honored, let them be crowned with honor, and the dearth of them will disappear.

WHO'S WHO IN THE NURSING WORLD

VIII. Lavinia L. Dock

BIRTHPLACE: Harrisburg, Pa. PARENTAGE: American. PRESENT OCCUPATION: Retired, living at home. EDUCATION: Private Girls' Academy. GRADUATE OF: Bellevue Hospital Training School, class of 1886, post-graduate work at Woman's Mission, New York. POSITIONS HELD: Night Superintendent, Bellevue, six months; Assistant Superintendent Training School of Johns Hopkins Hospital, Baltimore; Superintendent Illinois Training School, Chicago, two years; Visiting Nurse on staff of Henry Street Settlement, four years; part-time nursing. OFFICES HELD: Councillor, National League of Nursing Education, 1895; Secretary, National League of Nursing Education for six years, 1896-1902; Charter member of American Nurses' Association; Secretary of International Council of Nurses from its beginning to the present time; Editor, Foreign Department, *American Journal of Nursing*, from beginning to present time. AUTHOR OF: *Materia Medica for Nurses*, *Hygiene and Morality*. COLLABORATOR OF: *History of Nursing*, *Short History of Nursing*. PRESENT ADDRESS: Fayetteville, Pa. ADDITIONAL INFORMATION: Made several trips abroad on behalf of International Council of Nurses,—organization work and meetings.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

Collaborators: Blanche Pfefferkorn, R.N., and Grace Watson, R.N.

ON TEACHERS AND TEACHING

BY BLANCHE PFEFFERKORN, R.N.

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THE notion of this paper came out of watching the ocean. After five or six days of a luxuriously idle speculation on the never ending mystery and restlessness of the great Atlantic Ocean, its majesty and constant breaking against the shore began to take on a new sense. The thought occurred that there were certain common properties between the mighty rolling wave, gathering its force from so many directions, and the truly great teacher who, seeking the truths of life from every potential source, gives of her pearls with the same munificence as the wave lavishes itself in the thousands of droplets of spray upon the shore.

There have been teachers both great and small in all generations. Teaching is an age old occupation. We in our vanity are prone to think of teachers and teaching as marks of civilization, but this idea is false and more or less the outcome of the conventionalism and formalism, which in the last thousand years have grown up around teaching. Teaching belongs to neither time, place, race nor species. All living things are for the most part teachers, either actively or passively, or both. Watch the mother duck take her young brood to the pond, see with what pride and dignity and infinite patience she teaches them to swim. Centuries ago a great man enjoined his fellowmen to "Go to the ant, thou sluggard, consider his ways and be wise." For this man, in his wisdom, knew that in the ways of the ant could be found teaching, passive in its kind, by a lowly type to the highest of all creatures.

In the progress of civilization, teaching has passed through a multitude of phases. As new ideas were launched, new systems of education were created, and each system had its own particular fashion both with respect to the teacher and the surroundings in which the pupil was to be taught. One finds a great richness of coloring in the history of education. At one time emphasis is placed on the kind of subject matter, at another on its content, at another on the relative value of strict discipline and absolute freedom, and at still another the place of teaching, whether it should be a formal structure or the out-door world. It is a curious fact that until recent

years so much thought should have been given to the tools of the process and so little to the actual doing. It would almost seem that too much time has been spent upon the merits of physical appointments and particular methods, of that type of black-board and this style of grading, and two little upon what the pupil receives by virtue of their use.

This is no intent to decry adequate class-room construction and equipment, or the value of a sound knowledge of pedagogy. Both are necessary with our present habits of living and thought, and that they are reconstructed with each succeeding generation is indicative merely of the changes of growth, but buildings and methods represent the current expression of man's opinion and not a static truth. When the cover of a text book or a special school of pedagogy dominates teaching, both text book and pedagogy cease to serve their purpose.

It is with the teacher in schools of nursing that we are here especially concerned. She is spoken of more generally as the instructor and is that member of the faculty whose particular function is formal teaching. She has become an entity within the last decade and is passing through all the stages characteristic of birth and growth. Whatever her perplexities and burdens during this period of development, her future as a teacher is one of unusual opportunity.

One of the immediate problems of the instructor in schools of nursing, in many instances, is the large number of subjects she is required to teach; four, six or even more. In one small school in the west one instructor had been practically handed over the entire curriculum with the promise of such assistance from the medical staff as could be obtained.

It is literally impossible for one individual to teach six subjects or even four when the program includes Anatomy and Physiology, Bacteriology, Chemistry, Pharmacology, etc. A teacher in any one of these sciences in other schools and colleges spends years and often a lifetime in acquiring his subject with its ramifications from the very foundations to the latest developments, and then by research work looks into the future. Neither does it mean that an inadequately prepared instructor can teach a subject to student nurses, because the course is short, as far as hours are concerned. Teaching is not measured by an hour rod. It is generally conceded that it takes a better teacher to teach the fundamentals of a subject in a short course than in one spread over a long period.

Lacking sufficient preparation on the part of the teacher, the class hour is very apt to deteriorate into long recitations from the text book, assignments and subject matter presented in perfunctory lecture style. Such methods do not represent real teaching. Yet it is re-

markable what can be accomplished when conditions are such that the instructor must inevitably follow this form or one quite similar. Instructors understand, and they with directors generally, realize that the present state in schools of nursing is a transitory one; that until the status and administration of, and available funds for nursing education parallel, not as the exception but as the rule, that of other professions, those who have its interests nearest at heart will be those who must subserve in greatest measure their own inclinations to the necessities of the hour.

To one given to speedy conclusions it might seem that the rewards of the instructor are of the future and that so far her chief return is a heavy program with its burdens and tribulations. This is exceedingly remote from the actual state. Ask any instructor, who has elected teaching not as a stepping-stone to an administrative position, but because she finds joy in the work and she will tell you it is not so. Consider the eagerness and enthusiasm of the young probationer! What a soil for a teacher to work upon! Then on the ward the student comes daily in contact with problems which she soon learns are solved in the class room. She appreciates early in her career, and this appreciation is stimulated throughout her course, the intimate relationship between practice and class. Consciously and unconsciously the "wherefore" is born.

In the principles of teaching this desire to know is technically termed "interest" and "motivation," two factors of utmost importance for the fulfillment of teaching. In schools of nursing the work of implanting interest and motivation rests in a much lesser degree upon the teacher than in other schools. One of the heaviest tasks of the teacher is largely removed. As a rule, rather than as the exception, the instructor is confronted with a class eager to learn. This is one of her vantage points from the very beginning. How well she may use it depends upon her ability as a teacher and her concept of nursing.

The teaching of many subjects by one instructor, referred to in a preceding paragraph, is a condition which, in many of the better schools, is beginning to decline. This is particularly true in University Schools of Nursing and other of the more progressive schools. In such schools the subjects required of one instructor to teach are much more rational and approach or parallel the demands made upon other teachers in a college or university. Then too in a university school the instructor has the opportunity to take further work in the subject which she is teaching, or perhaps some other course in which she may be interested. It is an excellent thing to be a student at the same time one is a teacher. Its first value is that the teacher is adding to

her subject matter and thereby maintaining and increasing her interest, its second that she is retaining her attitude as a pupil which is exceedingly valuable in establishing the proper sympathy and relationship between teacher and class.

Now perhaps some teacher is thinking, "Much has been said of the teacher and teaching and little of the wherewithal to teach. One must have at least a frog, a skeleton and a 'Gray' to teach Anatomy." These are good, very good, add to them more texts, charts, a human dissecting room, microscopes and slides, not forgetting the kitchen and the butcher, and they become much better. But these, after all, are tools, mere tools; to the teacher what the palette and brush are to the painter. The beauty and grandeur of the composition complete depend upon their use by the master.

It is a great privilege to be a teacher in a school of nursing. Given a willingness to work, a love of knowledge and a desire to share it with others, she comes into a situation rich in its opportunities for teaching.

HOW ARE THE SICK TO BE PROVIDED WITH NURSING CARE?¹

BY SALLY JOHNSON, R.N.

Superintendent of Nurses, Massachusetts General Hospital, Boston

WHEN we know that a carefully selected committee, financed by the Rockefeller Foundation, has been making an intensive study of this question for the past two years, it seems preposterous to attempt to limit the subject to a ten-minute paper.

Why does the question arise? I have consulted no statistics, but I am sure that the number of sick is not increasing. I do know that the number of pupil and graduate nurses is increasing. A few months ago, when we were hearing much about the shortage of nurses, five Boston schools showed a total increased enrollment of 412 over the enrollment of ten years ago.

The enrollment of pupil nurses in this school today is 80 per cent greater than in 1910. The number of nurses who have graduated from this school during the ten-year period just completed, is 70 per cent greater than the number who graduated during the preceding ten-year period. Every large school would probably show a similar increase, and new schools are continually coming into existence, yet all these added nurses are not meeting the present demands.

¹ Read at the informal morning session of the Centennial of the Opening of the Massachusetts General Hospital, and the Seventy-fifth Anniversary of Ether Day.

You, as physicians, and we, as nurses, know at least three reasons why this increase has not met the need. In my opinion these reasons come in the following order:

First: The new work that the nurse has taken on, the research work in medicine, and the resulting progress in medicine, have added time-consuming duties for the nurse. Examinations, consultations, and special treatments increase daily. There is seldom one in which the nurse has no part. Every year sees the physician relegating to the nurse more of the work formerly done by himself, or by the young medical assistant or the medical student. This is particularly noticeable in the departments of X-ray, Anaesthesia, Out-Patient and Administration. The last year-book of this Training School shows our graduates to be engaged in fifty-three different forms of nursing work. These are just a few illustrations of the increased demand made upon nurses.

Second: The watchword of the medical and allied professions is "prevention." We are preaching and we are teaching "health." A small army of nurses is helping with this work.

Third: A greater attempt is being made to put into schools of nursing those features that long have been considered necessary requisites in other schools, namely, systematic instruction and time for study and recreation. The so-called "nursing leaders" have been criticized for this. As a matter of fact much of this improvement has come as a result of the demand of the student. The young woman of today has no intention of obtaining her instruction by chance. She does not take kindly to classes conducted by a superintendent of nurses who has had no opportunity to prepare her subject. The student is apt to resent the fact when she finds that the doctor's lecture was given from a manuscript which bears the "leaving off" dates of eight consecutive years. She appreciates the price the physician paid to get them, but she objects to the system.

Not only does the student of today demand better instruction, but she expects an all-around clinical experience. Most schools must obtain some of this experience by affiliation. A minimum time for study and recreation brings the maximum time for ward duty to eight hours per day. All of these changed conditions necessitate an increased enrollment in the school, but even with an increased enrollment there is a shortage, we are told, and we are asked what is to be done. Why not the same things that were done to relieve other shortages? Surely persons of the present generation should have a knowledge on the subject of "shortages."

First: Let us conserve what we have; make it yield as nearly 100 per cent as possible. Do not direct a nurse to do work which

can be done by a technician, a household science person, or by an untrained worker. Pupil nurses use hours for work that could perfectly well be done by messengers and ward helpers. After a certain period in training there is not the slightest reason why this work should be done by the pupils, other than an economic reason. With one exception I can listen to the shortcomings of my co-workers with a fair show of patience. I always object, however, when I am told that our nurses feel superior to the housecleaning part of the work of the wards. Through every month of each year, since August, 1907, I have been associated, at one place or another, with Massachusetts General Hospital Training School nurses. I have yet to hear from one of them the first complaint against such work because of the work itself. However, I do often hear them complain bitterly because the various institutions have required them to do this work when patients needed them. The housewife enjoys setting her linen closets right, and cleaning her choice bits of silver, but she does not do it when her child is ill. The man of the family trims his yard or cleans out carbon, but not when his regular job calls him.

If some of the messenger service and routine ward work were eliminated from the training of nurses, not only would the patients have better care, but it is quite possible that the length of training could be shortened. Even under the present régime there are many schools of nursing whose course of theoretical instruction and the clinical experience of the associated hospitals do not warrant a three-year course. On the other hand many schools connected with large general hospitals have hardly tapped their resources for instruction.

In private duty nursing there are many patients who could be well cared for by a trained attendant under the supervision of a graduate nurse. There are many more patients who could make use of the district nursing association. The patient of limited means has long used the district nurse, but the patient of larger means is only just beginning to learn that it is quite self-respecting to call her. Then there is a great reward awaiting the person who can work out some method of conserving hospital special nurses in a way satisfactory to both patient and nurse. Time will probably bring greater use of the hourly nurse.

Second: During the war, after conserving, we hastened the production of war shortages. A shorter course might do it, but the real way is to increase the number of students entering. We do not need to take time to go over the reasons why large numbers of young women are not entering training schools. You and I know them well. One should be mentioned. There will be a shortage of nurses just as long as many parents object to their own daughters coming to

nursing schools. How can men and women expect it is always going to be some one else's daughter who will fill the need? Men and women expect nurses to sacrifice many of the things that make the life of a young person enjoyable; they expect great physical endurance, and professional devotion, but, oh, so often, parents do not wish their daughters to make these sacrifices.

Those of us who are in charge of schools, willingly accept one-quarter of the responsibility for instilling ideas of service into our students, but there is one-quarter left for the school, one-quarter for the church, and yet one-quarter for the parents. The hospital trustees and officers of the school of nursing would be so happy to have these lay persons, these parents, help them eliminate from the training schools just the very things to which these parents object.

Having conserved and increased the product, the third thing we did for our other shortages was to provide a substitute or a supplementary article. Why not the third remedy for the care of the sick? We did not pretend that the substitute was just as good nor did exactly the same work, and we labeled it. The supplement of the trained nurse should be the trained attendant, labeled, that is, registered and licensed. First: She should be given a status by legislation and then there should be provision for training. The trained nurse cannot carry all her old work and take on the new. Somebody must take up what she (because of increased demand made upon her) has had to lay down. It cannot be left undone.

Even though we conserve, increase, and substitute, I do not claim to have answered the question. No superintendent of nurses can; no group of superintendents of nurses can; no physician or group of physicians can; no lay person or group of lay persons can. It is a problem for all to face squarely and together.

THE AMERICAN COLLEGE OF SURGEONS

Dr. Franklin Martin, addressing the Hospital Conference of the American College of Surgeons, said in part:

"The American College of Surgeons is responsible for the standardization of hospitals because in its early days it found it necessary to standardize its own environments. It became necessary to establish minimum requirements which would apply to military hospitals also. The minimum standard includes: 1. Records; 2. Staffs, with staff meetings; 3. A competent and honest staff; 4. Laboratories."

Summary of yearly reports: In 1918, of the 692 general hospitals of one hundred or more beds, in the United States and Canada, 80 met the standard; in 1919, 198; in 1920, 407, or 57 per cent; and this year 568, of a total of 761 hospitals, or 74 per cent, meet the standard of the College.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

Director, Bureau of Nursing, American Red Cross

REPORT OF MISS GARDNER'S EUROPEAN SURVEY

IN ORDER that the Nursing Service of the American Red Cross might be able to secure the best advice on the subject of Public Health Nursing in Europe, Mary S. Gardner was asked to make a survey of the nursing activities of the organization abroad. Miss Gardner reached France on May 24, 1921, and returned to this country on October 15.

After reporting at the Paris Headquarters of the American Red Cross, her first official visit was to the regions in devastated France, where three American nurses were holding weekly clinics for sick and well babies in many of the villages and doing home visiting. These nurses were withdrawn October first and the work is now being successfully carried on by French nurses, graduates of the Bordeaux School.

Commenting upon the laying of the cornerstone of the Florence Nightingale School at Bordeaux, her next stop, Miss Gardner says:

In talking afterward with a number of French people I felt convinced that the educational significance of the gift was recognized by most, at least, of those responsible for the school.

Conferences in London were held by Miss Gardner, Miss Fitzgerald and Miss Olmsted to devise means of improving the course in public health nursing given at Bedford College in coöperation with the League of Red Cross Societies for nurses from various foreign countries.

At Prague also a conference was held with the superintendents of the three hospital training schools which the Red Cross has established in Prague, Warsaw and Posen, respectively, in order that native women may receive good nursing education under the direction of American nurses. Native women are also being sent from these countries to be trained in hospitals in the United States, so that they may be qualified upon their return to take over the work which our nurses have established. Miss Gardner especially advised upon the subject of the public health nursing course designed for these students.

Czechoslovakia has also twenty-one infant welfare stations distributed throughout the country, each with model equipment and served by an American Red Cross nurse and social worker, directed by Czech doctors and so affiliated with the Ministry of Health that

after the withdrawal of the Americans that body is expected to subsidize it.

In Poland the nurses do not give continuous service to the community, but go into a region with a social worker, establish a center, and return thereafter for advisory purposes only. Each such center is subsidized, according to the need, and the equipment furnished by the American Red Cross; a milk station is an essential part of each center and all children undergo medical examinations by the local Polish doctors. If possible a dispensary for sick children is opened and sometimes a children's ward in a hospital has been equipped and opened by the American nurses.

In Vienna only one Red Cross public health nurse is employed, who is engaged in developing an American system of home visiting. This work is undertaken at the request of a progressive Austrian doctor in charge of the public health stations of the American Red Cross. Miss Gardner stated:

The nursing work in Austria, though limited in quantity, would seem to me very desirable. Austria is a well-organized country in which there are good graduate nurses capable of excellent work if their interest can be aroused. I feel that the work in Austria may prove as profitable as any done in Europe.

At the time of Miss Gardner's visit to the Baltic states, public health nursing work was just commencing. Good foundations had been laid, however, and 120 child health stations opened. These are financed by the American Red Cross and operated by the native doctors and native young women, "Schwestern."

It was hard to judge of the home visiting because so many of the accustomed tools of work are absent and post-war conditions are so abnormal. Doubtless time can be well spent by the American personnel, she deduces, in strengthening and developing the work of this group of women and also in establishing school nursing and in starting mothers' classes and other forms of group teaching. A mothers' class had already been established at the first meeting at which 108 mothers were present. Of these conditions in the Baltic states, Miss Gardner writes:

From all accounts the people of the Baltic states are receptive and possessed of initiative which is likely to make constructive work among them effective. The American Red Cross workers do not feel that the desires of these people are fixed alone on material assistance and apparently the Red Cross has been able to establish itself on a basis of national confidence which will greatly simplify the nursing work. If a satisfactory public health nursing program can be worked out there is every reason to believe that permanency may be obtained for it through government control and support. It must be remembered, however, that the nursing work was not started at the time of my visit and that the period of discouragement noted in other countries had not, therefore, been reached.

In Serbia the Red Cross nurses are carrying on the work of the Serbian Child Welfare Committee and the work is done wholly in rural communities. Though special emphasis is placed upon the work for children, adults as well are cared for at the dispensaries.

Ten health centers have been established in small villages, at each of which live two nurses, one nurse taking charge of the dispensary, the other doing the school work and home visiting, both working under local native doctors. These dispensaries serve a large countryside. Each dispensary is furnished with four beds for short emergency cases. * * * The nurses live in small personnel houses (peasants' houses taken by the Commission) with a maid for cooking and housework. The interpreter, usually a young man, does not live with the nurses. An American doctor is in charge of a certain number of stations within his district. Supervision for the stations is furnished by routine visits from this regional doctor and by monthly visits from the chief medical director, the chief nurse, and the business manager, all from headquarters in Belgrade. The villages are all inaccessible and transportation for supervisors must be made by automobile, camionette or motorcycle. These dispensaries are well attended, each station averaging from four to five hundred patients a month with 30 to 60 home visits, often to far distant hamlets, and from 200 to 300 school children being examined monthly. In addition talks, carefully prepared in outline at headquarters, are given by the nurses to mothers and expectant mothers and also to "little mothers," and sewing and games are taught. Posters are freely used.

An effort is being made to teach Serbian girls the rudiments of dispensary and health visiting work. This is being done directly in the stations by means of demonstration and an outlined curriculum—two girls, called probationers, being assigned to each station. It is hoped that some of these girls who show aptitude will later enter the new training school for nurses just opening in Belgrade, some slight credit being accorded them for experience and study.

Governmental interest and support are being enlisted. Up to the present time the stations have been established through local committees of the National Public Health Association, a body which has proved too weak both centrally and locally to be effective. It is now planned to work through the Peasants' Coöperative Society instead, a strong organization with branches throughout the country established for the primary purpose of coöperative buying.

The nurses are all busy and to a varying degree the work being done is good. Given an ideal staff and an ideal group of local doctors it could all be exceedingly good, for it is well planned and carefully supervised.

At the time of Miss Gardner's visit to the training school of the American Hospital at Constantinople (September 7, 1921) certain readjustments were being made.

The hospital, with a capacity of 80 beds, offers medical and surgical experience and has an active little maternity ward and a ten-bed children's ward. The superintendent and four American nurses teach and supervise the work. Seven pupil nurses,—five Armenian and two Greek,—were just completing their first year and the new class of probationers was expected on October 1. The enormous difficulty of starting a hospital and inaugurating a training school in a city like Constantinople has made the first year less productive of opportunity for the pupils of the school than will be the case in succeeding years. At the present time the chief difficulty seems to be that the pupils are too few in number to

staff the hospital and it has been necessary to supplement them with Russian so-called trained nurses. These women have the advantage of having been accustomed to a hospital and to ward work, but their training has consisted almost exclusively of mere experience in Russian military hospitals and their influence upon a group of pupil nurses is poor. As yet the training school has been insufficiently advertised, but an effort is being made toward greater publicity and it is hoped to draw largely from the Balkan states and Armenia for pupils.

An unusual situation exists in the case of Constantinople in that the American Hospital is at present self-supporting. This agreeable state of affairs, however, is not likely to be permanent because it is the result of unusual conditions. All patients not paying for themselves are paid for by the organization responsible for them,—the United States Navy, the Near East Relief, the American Red Cross. There are, therefore, not only no free patients (from the hospital standpoint), but there are no "bad bills" as is the case in other hospitals taking patients of limited means. With the future withdrawal of these more or less temporary agencies, other conditions may arise. Altogether the prospects of this training school seem bright. There is good teaching material in the hospital with complete American control, good organization, a good director and staff for instruction, good equipment and a fairly good building, and all in a city which has always drawn to itself the people of many lands.

DECAYED TEETH AND CHILDREN'S DISEASES

That decayed teeth are very strong predisposing causes to the "catching" of measles, scarlet fever, pneumonia, mumps, or other children's diseases is strongly urged by the U. S. Public Health Service, which cites very considerable reductions in those diseases in cities where dental clinics have been established in the schools. At Bridgeport, Conn., for instance, diphtheria has been lessened 8 per cent. At an orphanage in Boston these diseases, which had annually afflicted about one-third of the 325 inmates, practically disappeared after eight months dental work. The absorption of pus from rotting teeth had weakened the children and made them easy victims to communicable disease. The cleaning up of this mouth condition increased the power to resist disease.—*Health News*.

ECONOMIC EFFECTS OF PROHIBITION

The *Christian Science Monitor*, quoting from the report of the secretary of the New York State Board of Charities, states that there has been an appreciable decrease in the commitment of children to orphan asylums since prohibition has been in effect. Also, fathers who formerly neglected children in such institutions, now visit them regularly and many have provided homes for them. The *Boston Herald* quotes Sewall C. Brackett, a trustee of the Westborough State Hospital, as saying that alcoholism as a cause of insanity has decreased from 10 per cent to 2 per cent for patients admitted.

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FOREIGN DEPARTMENT

LAVINIA L. DOCK, R.N., DEPARTMENT EDITOR

SERMONS IN STONES: A HIGH ENCOUNTER¹

By REV. ROBERT DAVIS

AT this moment and in this place it is the invisible, a thousand times more than the visible, it is the unheard, that raises the occasion up out of the commonplace into a moral importance.

Behind this nurse of America the eye of the spirit can see the long line of working nurses whom she represents. They have wished to erect an enduring memorial to their belief in the profession of nursing. They have wished to put the seal of their admiration, the sanction of their love, upon the careers of the two hundred and eighty-five nurses who paid the cost of being a nurse in the hour of war.

Behind the Directrice of this training school the eye of the mind can see those who for thirty years have supported her and her ideal; those who have been patient during the long delay, until the public they served were ready for their standard of technique and personal character; those who have by now passed from this world, but we are responsible for this school and its place today.

Back in the youth of our race, back on the misty rim of history, when God spoke to men, when a high impulse entered into the souls of men or when men associated themselves in a solemn public obligation, they set a stone upon the face of the earth. The stone was an enduring mark, that time would not destroy, that passers-by would not overlook. And thereafter, those who travelled that way bared the head, whispering "Once God was here; here our fathers engaged themselves for a high encounter."

Dumb stone! we bid you speak. Other stones will be placed about you, but you will remain the central step of the entry staircase. All who enter and leave this building will touch you as they pass. We bid you speak to these who come to learn. Tell them that they enter the profession which, above all that are open to women, demands patience, self-forgetfulness, and every sweet virtue that God puts into the human heart. Tell them that the nurse who enters a home to help when ordinary helpers have failed, she to whom the defiled reach out their hands for purification, the hopeless

¹ Address given at the laying of the cornerstone of the Nurses' Memorial Building, Florence Nightingale School, Bordeaux, France. This address has appeared in the *British Journal of Nursing*, August 20, 1921, but because of the general interest of American nurses in the Memorial to which they have contributed, we reprint it here.

for hope, the abandoned for love, may win rewards such as no other profession can hope to merit or receive.

O dumb stone! speak to those who pass back and forth, saying that this is one of the few spots where the working women of the two great republics have met in coöperation; that sisters of different bloods who shall never see one another, have joined in this achievement to aid women to better realize their own powers, and to better serve their lands.

Dead stone, live! Live, because those in whose name this building is erected were alive. They were drinking deep of the crimson draught of life and danger when their end came. Those who love them best have wished to rear no dead memorial, no statuary aloof in marble immobility. Their monument is this school, this engine for human welfare. Stone, live! as a symbol that those who have passed from sight still live. They live because each of those who cared for them has resolved to do her own part and a little more, that among us all the world may not lack the service they would have offered. Live! tell us again that the immortality of our beloved is in our own hands.

Solid stone, on your stable base, let not the years disturb you. You are the symbol of the deathless force that binds the two republics together. You represent the fundamental alliance that the maladjustments of the moment may not change. The alliance between France and America is not only political, not only economic, not only historical; the deathless alliance between the countries is based on faith; for both believe that it is the supreme business of a state to equip its youth to serve well; both believe that in giving life one gains it more abundantly. This common faith, held by one land as by the other, is the ground of our union.

ITEMS

THE INTERNATIONAL COUNCIL OF NURSES

THE Danish Council of Nurses has arranged to hold a business meeting of the International Council of Nurses in Copenhagen next May, between the 22nd and 27th. For the transaction of business, elected delegates, as well as national officers will be summoned to Copenhagen. It is probable that only the European countries can send delegates at this time, but any who can attend will form a quorum, and agenda can be drawn up and acted upon. New members to be admitted make the most pressing demand for action. There is also a new secretary to be chosen, as Miss Dock intends resigning the secretaryship in favor of some younger woman.

AMERICAN COMMITTEE FOR DEVASTATED FRANCE

WE have received, through Miss Maxwell, a report of the work of the Department of Child Hygiene and Public Health Nursing written by the Directrice, Evelyn T. Walker.

Department of the Aisne: The nurses employed in this department are all French, sixteen field nurses and one supervisor. Thirteen of these nurses come from the Ecole Florence Nightingale, Bordeaux; two from the American Hospital, Paris; two are French graduates of English hospitals. Their supervisor, Mlle. Monod, is a graduate of the Ecole Florence Nightingale, and has recently returned from America where she has been studying American public health methods at Columbia University and in the large cities.

Each nurse has a certain number of villages under her care and in those villages she knows all the children from birth to fourteen years, all the pregnant mothers, and all the sick people, her calls come to her from the mayor, the priest, the schoolmaster and the people themselves, and of course the doctor, though it is more often she who calls the doctor. She visits every village every two weeks to watch the babies and look after the child of pre-school age; she arranges the medical examinations of the school children, helps the doctor, and does the follow-up work; she advises the pregnant woman and helps her to make arrangements for her confinement, and she cares for the sick and injured, for we still have many shell accidents. Each nurse has a Ford camionette at her disposal, otherwise she could not cover a quarter of the territory for which she is responsible.

Records.—Realizing the importance of statistics, especially at this time in France, records are very carefully kept, the card system is used with daily and monthly report sheet, separate records are kept for (1) babies under two years; (2) children of pre-school age, two to six years; (3) school children, six to fourteen years; (4) pre-natal and post-natal cases; (5) sick adults. From these records can be compiled almost any statistics that are demanded and the demands are not few.

Ambulance Service.—Three committee ambulances are always in service, as this is the only means of transporting the sick in this region. More than two thousand cases have been transported to hospitals and doctors' offices in one year.

Department of the Marne, Reims: Ten months ago the American Committee took over the British Nursing Committee in this city, as they were about to close down for want of funds and the town of Reims offered considerable assistance if the work should be continued. Then there were three British nurses, now there are eight, under a British Directrice. They work on the outskirts of Reims where the need is greatest. Their work is almost entirely the care of the sick in their homes and dispensary work.

TRAINING SCHOOL FOR NURSES AT RIO DE JANEIRO

The National Public Health Service of Brazil has founded at Rio a training school for nurses of both sexes, in charge of Dr. M de Abreu. There is already a training school there for attendants to serve in the colony for the insane, besides the training school for nurses connected with the Hospital Nacional and in charge of Prof. Juliano Moreira, who is director general of the official care for the insane.—*Journal of American Medical Association*.

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. CARR, R.N., DEPARTMENT EDITOR
National Organization for Public Health Nursing

THE ALL MIGHTY ANGEL

BY HELENA WILLIAMS

IT WAS on a bitter cold day in January when a poorly but neatly clad young woman, clasping a snugly blanketed baby to her breast, entered the tuberculosis clinic. Obviously exhausted, she sank into the nearest seat, cuddled the sleeping baby in her arms, and in a husky voice inquired for the doctor. Possibly because of the severity of the weather no other patients were waiting in the tiny clinic room, and the woman received her examination immediately. She was pronounced tuberculous, in the moderately advanced stage of the disease.

At home three older children, ranging from two to six years of age, lived with their parents in what had been termed a "flat" by a businesslike landlord, consisting of two poorly built, insufficiently heated, box-like rooms. "Big John" Martocci, the head of the family, was a good natured, honest fellow, and he worked hard when he got the chance, but his trade was a seasonal one and the winter months saw him idle, or knocking about from place to place, doing odd "hand-man" jobs. Into this household came Miss Strong, the tuberculosis nurse, experienced in the tragedies of poverty and illness. With a glance she summed up the situation and pressed "Big John" into service who, perplexed and awkward, but nevertheless obedient, followed her instructions. Mrs. Martocci's temperature was $102\frac{1}{2}$ degrees on the day of the nurse's first visit, and consequently the patient was immediately put to bed, the baby taken from her breast, and absolute quiet prescribed for her. Then Miss Strong called in a leading baby specialist, and four-months-old "Baby John" was put on a diet suitable to his age and weight.

Every morning the nurse called at the little home, where she found Martocci clumsily and painstakingly buttoning the three older children into their ugly little woolen dresses, or preparing breakfast. Miss Strong personally prepared "Baby John's" feedings for the day. She measured them out into five carefully sterilized nursing bottles, plugged them up with absorbent cotton, and set them in the ice box. She soon taught six-year-old Bicci, John's feeding hours and how to warm the bottles, and the "little mother" began to take a deep pride in the responsibility of her task. "Baby John" was weighed every week, and there was none prouder than Bicci when he gained even the lightest ounce.

Thus a number of weeks went by, and gradually the mother's temperature dropped down to normal. Then, one day in early spring, she was permitted to sit out in the yard in a "recliner" which a philanthropic friend of Miss Strong's, interested in the Martocci case, had donated. And at last, in May, when the tuberculosis association opened its camp, one of the first arrivals was Mrs. Martocci, accompanied by a scrubbed and solicitous husband whose beaming face rivaled the sun in radiance.

Today Mrs. Martocci is doing well, and there is every reason to hope that the disease will be arrested. When she returns to her home she promises to continue to do all the doctors have taught her. On Sundays when "Big John" with his three small daughters visit the camp, the Sabbath becomes for the patient a day of unadulterated joy. And if another patient or a visitor chances to discuss with John the subject of his wife's illness, he admits that doctors are wonderful and mighty in their knowledge. "But," he adds, with sparkling eyes and a laugh that reveals two rows of strong white teeth, "Thata Miss Strong—the nurse—mia dona—she maka well my little John,—you know—my boy—and she maka our house, everybody, over like new!"

THE MODERN HEALTH CRUSADE AND NUTRITION

The general interest in the subject of nutrition is reflected in a new development of the Modern Health Crusade, described in this note contributed to us by the National Tuberculosis Association.

IT IS well to remember that "the victory over tuberculosis may be won by advances on other fronts." We all believe that "prevention is better than cure,"—not for tuberculosis alone, but for disease in general.

The Modern Health Crusade, by its unique method of instructing children in health habits by *practice* rather than *precept*, teaches prevention of disease. Through the faithful performance and recording of the "health chores" over a stretch of fifteen consecutive weeks, divided into five-week periods, the youthful Health Crusader becomes first a squire, then a knight, and finally a knight banneret in health chivalry.

Recently, the National Tuberculosis Association, the sponsor of the Crusade, has prepared a set of health chores designed particularly for malnourished children. The performance and recording of special chores for these children are required in like manner as the chores designed for general use. In addition, provision has been made on the nutrition chore record for the charting of the child's weight line. Another feature of the Crusade nutrition course is the requirement of a physical examination. Every child before he begins the course must

have such an examination, and complete medical supervision is advocated throughout the course. As a preliminary to the chores, the child is asked to hand in a list of all the foods that he eats in two consecutive days, and also a statement of the number of hours actually given in a usual day to sleeping, playing, studying, working, and eating meals. This statement and the list of foods, together with the findings of the examining physician, give a basis for any special directions that may be necessary.

In preparing the Crusade nutrition material, the policy has been to adhere to essentials on which the great majority of authorities agree, and to avoid minor points on which a difference of opinion is general.

The Crusade system has now been officially adopted by twelve states as a part of their regular school curriculum. In practically every state, some of the county or city school systems are using the Crusade. A total of more than 6,000,000 school children in the country are enrolled as Crusaders.

Mollie Utz, of the Salt Lake County (Utah) Health Department, tells a story of a much harassed school nurse who, upon finding Johnny's hands in a disgracefully dirty state,—a state in which she had found them many times,—said in desperation, "Johnny, what would you say to me if I should come to school with such hands?" Johnny replied, thoughtfully, "Miss Nurse, I'd be ter polite ter mention it." Miss Utz goes on to state that there is something to be said for Johnny's point of view, but with the Health Crusade taking the responsibility of the inspection off the nurse's shoulders and placing it on Johnny's where it belongs, there is no necessity for the nurse to enact the role of censor. Her time is saved because the inspection has been made and the results recorded for her.

In a South Dakota school where the Crusade has been conducted for more than three years, a comparison of the physical examinations made at the beginning and at the end of a three-year period showed that almost half of the physical defects found at the beginning had disappeared. Only a very few were corrected by surgery. This would seem to indicate that the practice of the health habits inculcated by the Crusade was responsible for the disappearance of many of these defects, which are so often the cause of malnutrition in children.

The following publications and insignia of the Modern Health Crusade can be obtained from the National Tuberculosis Association, 370 Seventh Avenue, New York City, or through any of its affiliated state associations: Chore records, primary, intermediate, senior, and nutrition editions, certificate of enrollment, prompter and hygienic inspection blank, brief explanation circular, manual, tournament

guide, tournament report form, roll of Health Knighthood and weight record chart, Keep Well Guide chart, Knights' buttons and Knights' Banneret buttons and pins. The cost of the Crusade per child for a thirty-week course is from four and three-quarters cents to ten and three-quarters cents.

ITEMS

THE State Anti-Tuberculosis Associations, affiliated with the National Tuberculosis Association, have interesting literature for distribution. Information on special phases of tuberculosis, the disease, or methods of work can be obtained by writing to the office of the National Association, 370 Seventh Avenue, New York City.

THE National Organization for Public Health Nursing reprints the following articles on tuberculosis: Home Instruction by the Tuberculosis Nurse, Problems in Tuberculosis Work, Short History of Tuberculosis, What a Nurse Should Know About Tuberculosis, Industrial Nursing as Means of Fighting Tuberculosis.

THE Instructive District Nursing Association of Boston, now entering on its thirty-sixth year, has just published "A Review," by Mary Beard, of its work. The format is particularly delightful and worthy of the contents. Miss Beard has not only put on record in the fewest of well-chosen words the remarkable achievements of this group of clear thinking, hard working Boston women during the past thirty-five years, but she has given us a word picture of a carefully constructed piece of work which is a model for the study of students of public health nursing.

THE American Public Health Association celebrating its fiftieth anniversary, prepared as a memorial a Jubilee Historical Volume containing a series of historical articles of very great interest. The History of Public Health by Dr. Stephen Smith, The Story of Public Health in Canada by Peter H. Bryce, M.D., History of State and Municipal Control of Disease, Charles V. Chapin, M.D., are included. The volume also contains The History of Public Health Nursing, contributed by Lavinia L. Dock. It is hardly necessary to tell JOURNAL readers the quality of this admirable brief history. It contains all the singularly individual touches that we look for and enjoy in anything from Miss Dock's hand. Speaking of the influence the foundation of the Henry Street Nurses Settlement had in bringing fresh vision to visiting nursing as a service for all, Miss Dock says:

"Visiting nurses over the country seemed to receive similar impressions, spontaneously and irresistibly, as they pushed farther into paths so different from their hospital work, and as they perceived the conditions that had sent their hospital patients into their care. Poverty must be recognized as a social maladjustment capable of being abolished by intelligent coöperation. It was perceived as the fruitful cause, rather than the result of, illness and misery, though there was often a vicious circle. The teachings of science, so plain, clear, and simple, must be accepted as guiding principles. The services of nurse and physician must be as easily attainable by the poor as by the rich, and there must be no exclusion. From this point of view arose the conception of the guardianship of the public health as one of the chief functions of the municipality, the community, the state, the federal government."

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

RESPONSIBILITIES OF ALUMNAE ASSOCIATIONS FOR THE ETHICS OF THE PROFESSION¹

BY JESSIE M. MURDOCK, R.N.

Postgraduate Hospital, New York

IN Florence Nightingale's day there was no profession for women, nothing that was solely woman's work. Her life was spent, as we know, in a supreme effort to emancipate woman, and to create and establish a woman's profession. Little sympathy was extended from either friends or relatives, and her ambitions were realized only after years of untiring interest and study, combined with the courage of her convictions and unfailing faith in woman. Had she had less than these, she would not have been the founder of modern nursing. Her work was dominated by three great ideals: education, harmony, and organization, and because of Miss Nightingale's vision the nursing profession as viewed today is the accomplishment of that ideal, with the many responsibilities and dangers that the fulfillment of an ideal entails, hence the topic assigned to me: "Shall the Alumnae Associations Be Responsible for the Ethics of the Profession?"

In endeavoring to answer the question, let us first consider what we mean by an association. The dictionary defines it as "A group of people working together for a common purpose; fellowship; companionship." We accept this and recognize the value of education in bringing about harmony and organization. Let us also accept the definition for ethics: "The science of human conduct; the basic principles of right action." We know that there are basic principles of right action in all professions, and wherever one deals with the human element, right action is to be determined. But who is to determine for us the basic principles of right action? We recall our earliest hospital experiences in schools of nursing, our first ideas of hospital etiquette and of nursing ethics, and remember that we were taught to follow a code of ethics without question. But when the pupil nurse emerges from school and confronts her problem as an individual to what extent will her dealing with other graduate nurses be influenced by her knowledge of ethics, now that she is no longer under guidance? I believe her conduct will be in direct ratio to the

¹ Read at the annual convention of the New York State Nurses' Association, Utica, October 27, 1921.

ideals she received in her school days, and not in direct ratio to the teaching of set rules. In my opinion the day is long past when ethics can be taught to pupil nurses as negative instruction, nor can it be merely absorbed from those who have preceded, or by the stamped pattern we call tradition. The nurse in training must be taught ideals of sincerity and truth, must come in contact with personalities that inspire, and she should call to her aid the greatest of all powers, that of religious influence and spiritual endowment.

Was it not nursing that gave opportunity for expression of the spiritual ideals that characterized the women of history as nurses of the early periods and should not a broader education in nursing, which gives also a wider range of opportunity for service, give harmony and sincerity of purpose? Most certainly, if we do not lose sight of the spiritual side of nursing which was the star that guided Florence Nightingale, Isabel Hampton Robb, and whose ray is still being followed by the leaders of today.

The nurse upon graduation is received by the community as one of a great group of graduate nurses. Will she emulate the ideals she adhered to in school? We believe she will if in her school days she has been taught to believe that as an individual she is playing a conspicuous part in a big forward movement and can strengthen the ranks by keeping in line. It is sad indeed and most disappointing to know that occasionally a young nurse feels that she can, upon graduation, detach herself from all the ties that bound her to a certain routine life and behavior. She elects to lead her own professional life unmolested and independent, without contact with any of the big inspiring movements that make for progress. She has used every stepping stone to success, but she fails to recognize any obligation or responsibility to others. Again there is the type of nurse who falls in line readily enough while in school, but whose ethical conduct is not above reproach when left to make her own decisions. In training she mechanically accepted the ideals of others, simply following group behavior, but now that she is responsible for her own behavior, she disregards all ethical procedures in her dealings with her colleagues for the gratification of petty desire or personal prejudice, scheming and planning to gain some selfish whim.

After all, it is these little discrepancies that retard us most. They come from a confusion of purposes and a lack of sound ethical principles. This type of young woman needs contact with groups of people who understand the cohesive motive that makes for solidarity as well as progress. Where shall she be directed for such inspiration and who is responsible for her? Is it the duty of the community to keep her ideals for her? The community which expects so

much of graduate nurses expects us to be "intelligent saints," to quote Miss Nightingale. Would we ask that they keep us inspired with the zeal and loyalty that we have failed to keep? No, it is not the responsibility of the community, nor is it any longer the responsibility of the training school, it becomes the duty and responsibility of the alumnae associations that are working together for a common good as comrades and companions to maintain the ideals of education, of harmony, and of organization. This places a grave responsibility upon the shoulders of the presidents. They should be to the graduate what the principal was to the pupil.

Since the president is chosen by graduate nurses, she should be chosen with discretion, and for her ability to inspire, to maintain, and further the education of those with whom she is working. The position commands an inspiring personality, magnetic force, and the courage of conviction. True, she too is following some chosen branch of work in which she is most active, and which makes it very important that each member serving on a committee accept her responsibilities and make a definite and decided contribution to the organization. Unless each officer appointed is chosen according to her fitness for the work in hand, the association will be working at cross purposes and there will be no incentive for the new graduate to join its ranks, contribute her influence, and renew her enthusiasm. The success of this controlling body can only be estimated by this factor plus the absence of individual instances that need consideration for unethical behavior.

Nurses at graduation are full of enthusiasm for the independent expression of their ideals, eager to go forward and begin their career, but they are frequently discouraged at meetings of the alumnae association to find that business is repeatedly stressed, and petty details are projected which we all know must be taken care of, but which are the cause of much discord. They are, in fact, deserving of serious consideration, but should be kept in the background, carried on by mail or by special personal appeals and explanations, rather than kept in the foreground, emphasized and agitated, by those who would force issues. These are not the all important things to be stressed; instead, the educative program should be emphasized, the program which offers the opportunity for advancement to the individual nurse. We have all experienced at some time how petty fault findings, criticisms, and misunderstandings that accumulate and become magnified to tremendous proportions, can be quickly forgotten, forgiven, regretted, and banished in the light of some big inspiring piece of work to do, so splendid that only the best in us responds. Then comes the harmonious working together of those

who before were resented, but are now accepted in this new enthusiasm. Where is there greater opportunity for rare accomplishments than in this twentieth century of nursing? Can we hope to achieve less than women in other lines of work are doing? Are we to be handicapped by the very things that give us our right to call ourselves professional women? With so many open doors and so much that is fine for women to do, it should make of our ethical problems one of prevention if we keep in the foreground the opportunities waiting for us in the glorified field of nursing that calls for the best we can give in unity, sincerity, and loyalty.

SEATTLE—OUR NEXT CONVENTION CITY

Dr. Woods Hutchinson, in describing the Puget Sound country, says: "It is the charmed land of the American continent, where a temperate sun, a mild climate, and fertile soil give men the stimulus of the green and rain-swept north, with the luxurious returns for moderate effort of the teeming tropics; the most restful and soothing climate in the world."

Your impression of Seattle varies with your method of approach. If you travel by motor you will come along well paved country highways, through giant forests and beautiful farming valleys. If you come by train you learn that Seattle is the leading railroad center fo the Pacific Coast, and that you may travel over the Great Northern, Northern Pacific, Chicago, Milwaukee & St. Paul, Union Pacific, Canadian Pacific, or the Southern Pacific, or by a boat connection, over the Grand Trunk Pacific.

Perhaps the best way to first meet Seattle is to approach it on the still, blue waters of Puget Sound. Before you, above the broad waters of Elliott Bay, in the most picturesque setting in the world, looms a modern city,—a city wide flung over the hills, spread against a distant background of snow-clad peaks that reach from Mt. Baker, near the Canadian line, to Mt. Rainier, to the southward. This is a picture never entirely dismissed from the memory of any traveler who has witnessed it.

Such a city in such a setting must be a city of homes. The owner of a home has a pride in the beauty of the city and in the beauty of his home. Lawns, evergreen trees, shrubbery, roses, and climbing vines are as beautiful to one's view in the modest bungalow street as they are in the most exclusive residence district. Flowers bloom the year around and the climate contributes to the beauty of the picture with that characteristic green of trees and grass that gave Washington the sobriquet, the "Evergreen State."

Seattle has the educational facilities of the best modern cities. The campus of the University of Washington is one of the most beautiful in the world and spreads over 500 acres of the rising heights of Lake Washington. It provides a University home for 5,000 students.

Elmer Gray described Seattle in Scribner's magazine as follows: "I am writing now after having just seen Seattle, and my pen falters in consequence, for I know not how to express all the wonderful beauty seen in one day's automobileing over the winding drives and roaming afoot through the dark green forest parks of Seattle's suburbs."

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to insure publication.

THE NIGHTINGALE SCHOOL

DEAR EDITOR: While Miss Maxwell was the guest of Dr. Hamilton at Bagatelle, this autumn, she visited the hospital in the Rue Cassignol. The nurses gave her an impromptu reception and offered her a little souvenir. Mademoiselle Rossignol, a probationer, made the enclosed address in French. I have translated it, as I thought you might like to publish it in the JOURNAL. I am also enclosing the Rev. Robert Davis' oration, delivered at the laying of the foundation stone of the American Nurses' Memorial in June, in case you have not received a copy of it. It was such a remarkably fine and impressive oration that it well merits publishing.¹ Last week I was out at Bagatelle for a few moments and was agreeably surprised to find the outside of the Memorial nearing completion. Dr. Hamilton says the architect has promised to get the roof on before the proverbial rainy winter months set in. In that way the building will be ready at the date the architect agreed upon.

Bordeaux, France

GERTRUDE CLARK CULHAY, R.N.

"Miss Maxwell: It is a great happiness for us all to receive you in our school and to express to you here our respectful affection. We feel ourselves attached to you, dear Miss Maxwell, not only by the affinities that bind people together who are working for the same principle, following the same ideal, but also by that solicitude, by that attachment which you have unceasingly manifested toward us. We cannot forget how greatly you helped and encouraged our beloved Directress when she undertook her tour of propaganda in America. If the dream of the New School at Bagatelle is becoming a reality, if the walls are rapidly rising in the park of that beautiful estate, it is in a large measure due to your far-reaching influence in helping our dear Dr. Hamilton who went over to you with the courage and self-abnegation that make of her life an apostolate. Our beautiful new school will constantly remind us of the noble and generous acts of that wonderfully altruistic country which is yours. During the autumn or winter evenings when we gather together in the library, we will find much to help us forget our day's fatigue, to improve our minds, by the books which the Nurses' Association of the Presbyterian Hospital of New York have given us in memory of Amabel Roberts, who died on the battlefield of France; we will read the books this heroine has read, the books her family so generously offered us. Believe us, Miss Maxwell, that we are quite overcome by the many marks of sympathy and appreciation which we owe to our beloved Directress and all those who have collaborated with her in building up the reputation of our school. We have come to harvest the fruit of her life work and we will endeavor to show ourselves worthy of so glorious a past."

DOES CHARITY WORK PAY?

DEAR EDITOR: Metropolitan, hourly, private duty, or charity work. Does it pay? Which would you drop? Hourly nursing, because of ignorance on the part of the doctors and the public as to its advantages, does not pay much, a few straggly cases. Private duty pays, but to carry on the other work, I have

¹ This address will be found in the Foreign Department.

to work nights on private cases and until noon, in town. Metropolitan work pays expenses. *Charity work pays.* Metropolitan cases that reach the limit of visits for that company develop into charity cases. When a person buys supplies for charity cases, not all they need either, they almost have to live on love and they don't have much time for that, but charity work pays in this way. One gets more satisfaction caring for one charity case than for a dozen others. If every nurse realized the good she could do if she would care for three charity cases a week on her own income, she would find herself sacrificing movies, fine clothes, pleasure trips, etc., for the benefit of some poor little colored baby or crippled aged person or tubercular family. The other day I had been at the hospital all night with a private patient, a mental case, that must be watched every minute. I went off duty at 7 a. m., went down to the room I call my home, didn't trust myself to look at my cot, changed to street uniform, and went to the Metropolitan office, got my new calls and proceeded to care for both new and old cases. At 1 p. m. I was through. I didn't stop down town for lunch, for I had a rousing headache and went up to my room, where three calls awaited me. The police matron was among them. I called her first and she said to come at once, so I called the other two and arranged for late afternoon calls or, if not, the next day, and went to help the police matron. Your heart would have bled at the pitiful case I found. A little sixteen-year-old girl with a sweet innocent face and bobbed hair, with a husky seven and a half pound baby boy (illegitimate). I gave them the necessary care, then took the police matron to the grandmother's, three miles into the country, to explain matters to her. The girl's father and mother were dead and she had lived with her grandmother, a lady well along in years. She had been sick herself, blood pressure 200; any nurse knows what that means. The girl wanted to keep the baby. Three days after it was born, she was taken to the grandmother's in an ambulance accompanied by the doctor. Both baby and mother stood the trip well. Well, the grandmother could not take care of them, so what was there to do? Only one thing. I had to do it myself. The girl could not give the baby the care or the home it should have, so she was persuaded to give it up, but where was it to go? I went to several Christian people who had no children and stated my case. Too much expense was the chief excuse. At last, at the end of five days, a woman of moderate circumstances who had had eight children of her own, four of whom had died, volunteered to take it. Her youngest living child was 12 years old. I went out and got little Dick, as his mother had named him, and soon he was in the arms of a loving, really Christian woman and I have not worried one minute since about his care. Today I went out to see the girl. She wants to enter training. I certainly will help her to develop into the noble woman training can make of her. The grandmother offered to pay me today. I certainly did not take it. My pay was in seeing the discouraged look leave that child-mother's face, and hope take its place, and to see little Dick in a real home, and to see the relief the grandmother seemed to feel. Does charity work pay? *It certainly does.* We public health, industrial, Metropolitan, private duty, hospital, tubercular, school, and all kinds of nurses run into charity work some time. Do it, and the reward will be greater than the effort. That is only one case. If you could see my little row of colored babies, my row of white babies, my cripples, my chronics, my tubercular cases, etc., you would not think I was foolish to carry on my work among the poor, but it is getting beyond me. I cannot provide for the cases as they should be, for the work is increasing, my income is not. I have appealed to my church. The result is a question yet. If their answer is "No," will I drop my charity work?

Not as long as I can keep it up! Don't think nurses are rich, because they are busy all the time. I have received more ridicule, sarcasm, slams, advice, and rebukes on profiteering! Such is the construction other nurses put upon my business. God knows, and I know, so why should I care?

Pennsylvania.

I. E. B.

CHURCH ATTENDANCE

DEAR EDITOR: Regarding nurses and church: E. L. C. must be an extremely fortunate nurse if she can always have a patient who can be "fixed up" in time for Sunday School. Then, too, she is presuming when she says that "any organization that rejects Christ cannot prosper," for taken as a whole, there is no organization or class of people doing more to smooth the rough places or to alleviate suffering than the nurses. After I have spent a long night or day with some suffering human who is uncertain whether the end will be a return to life or a passing away, I would rather sit down in a quiet spot somewhere and read Drummond's "Greatest Thing in the World" than to go to Sunday School. Who would not? Not that I reject Christ,—far from it, for practical religion is summed up in "Love to God and service to man," and how better can we show our love than through our service? Let us then accord to every nurse the individual right to suit herself regarding her form of public worship. If E. L. C. can go to Sunday School, well enough, but where she can, there may be ten other nurses who will have to manifest their love to God in other service. We gain nothing by striving to have others live up to our standard; we do well if we live up to our own standard, granting to others the privilege of doing their duty as they see fit.

Tennessee

O. H. B. *

ARMY NURSES ARE PRAISED IN THE HOUSE

DEAR EDITOR: Tribute to American Army nurses who served overseas was paid recently by Representative Jeffers, Democrat, Alabama, in the House. He said that "any one guilty of any statement in any way besmirching the records of the Army Nurse Corps overseas is simply ignorant of the caliber of women who served loyally in that splendid organization." Mr. Jeffers, who served in the American Army in France and was wounded, said "such baseness is worthy of the fiend incarnate himself."

A SUBSCRIBER.

ARE NURSES COMMERCIAL?

I

DEAR EDITOR: In the December number of the *Pictorial Review* there appears an article by Miss Clara D. Noyes, president of the American Nurses' Association and director of the American Red Cross, in which the writer states, referring to "the new California nursing laws," that the nursing schools of California "are obliged by law to give their student nurses \$20.00 a month," this being due not "to the nursing laws, but to the functioning of a state minimum wage for women." As chairman of the legislative committee of the California State Nurses' Association, I would state that the nursing schools above referred to are not obliged by any law to pay any stated sum of money to the student nurses herein, such sum being within the control of the hospital and school

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authorities, and varies in amount from no allowance, in a few cases, to \$20.00 monthly, for third year nurses, in some others. In order that this correction may come to the attention of the nurses of the country, will you give the same some space in the January number of THE AMERICAN JOURNAL OF NURSING?

MARTHA AUGUSTA ADAMS, R.N.

Chairman California State Nurses' Association Legislative Committee.

II

DEAR EDITOR: May I say what an old graduate, doing industrial work, thinks about "Sub-Nurses and the Shortage of Nurses"? I wish "home care of the sick" might be taught in the upper grades of the grammar schools, and in high school. One of the advantages of this course would be to awaken in the girls an interest in the nursing profession. Also to encourage them to complete their high school course so that they might enter training. Our small town has had only one course in "Home Care of the Sick" with about thirty-six enrolled. The Red Cross instructor could give us only Monday afternoon and evening. Monday is wash day and last summer was very hot, hence only thirty-six. Two of the girls in the mill became so interested that they gave up their mill work, took their savings and secured a very able tutor to make up the educational deficiency in the entrance requirements of a hospital training school. They entered September first and are making good. In fact, the superintendent of nurses asked me if I had any more like them. I would very much dislike to believe that *graduate* nurses are charging more than they are earning, and I cannot believe it. I will relate one of my own experiences about charges. During the war while I was doing private duty nursing, I was called to a family where I had nursed many times before. I had not increased my price as I had heard Miss Sly say, and heartily agreed with her that if we, because of the increased demand, raised our prices, we would be no better than the miners who went on strike because the nation had to have coal. When I was about to leave the case I was asked, rather to my surprise, what my charges were. I said same as usual, \$25.00 a week. "Well," said my patient, "I guess not. Emily is charging us \$30.00." Emily was a practical nurse, whom they called in for small ailments, but mostly to stay with the children when the parents went out of town. We all know a typhoid or pneumonia case needs the best care that can be given; just now one of my mill men is paying \$49.00 a week. As his was a severe case the nurse will be with him for some time. It will be hard on him and means rather a hard winter for the family, but they feel that the necessary nursing has saved his life. No "Sub-Nurse" could have taken that case. The doctor could only get there once a day and some days I could not get there at all. So there could not have been the necessary supervision. I have nursed in many families where I've been paid for my services in monthly installments, but *I have always been paid* by these small wage earners. The only people who ever failed to pay me *in full* for my services were wealthy folk. I want to tell you about one wise man. I took care of his wife through a very severe attack of typhoid. He had had it, then their little son. She had, with the help of the neighbors, cared for them. When she developed it herself (she was pregnant) the young country doctor called in a specialist, who said her only chance was a graduate nurse. This man was earning \$75.00 a month (this was eighteen years ago), and I told him when I left the case that he could pay his bill as he could afford it. He said, "No, indeed, he could never ask anyone who lived a nurse's life of work and worry for twenty-four hours a day to wait." Then he told me his wise plan.

When he married he started a fund, putting aside a sum each month for sickness. When their boy was born he could afford the best of care for his wife, and now again he paid me \$150.00 promptly and did not feel it too much, although he was paying me \$25.00 a month more than he was earning. Before I dismiss this case I must say a word for the doctor. I have never forgotten him. The patient was too sick for any but trained care, and I was very tired. Unless he was called out he came each evening at the close of his office hours and sat with the patient and took the best of care of her till midnight, so I could get some sleep. In all my years of nursing I have found only one other who did this for the nurse. Both men were large-hearted Irishmen. Now my idea is: Not to cut prices, not to train sub-nurses, but to educate every girl to enroll in home nursing classes so she may read a thermometer correctly, take and understand something about pulse and respiration, give bed baths and make beds. She could then know *early* in the disease to call the doctor and thus lessen the length of the illness. Second, train the general public, not only the wage earners, but the salaried men to save, as the apple of their eye, that part of their bank account, entitled "Sickness, Nurse and Doctor."

Wisconsin.

J. B.

HOURS OF DUTY

DEAR EDITOR: Just a few words in regard to private duty nursing. I understand quite a few of our girls prefer twenty-four hour work. Now I am in hopes no one will be offended at what I say, for I am quite sure you will find that I am more than willing to do the right. Yet I do not think that any nurse should do double duty only in emergency. This emergency means where there is no other nurse available. Quite a few of our nurses claim they can get sufficient rest in the homes, yet I have always found the nurse who does this does not even sleep six hours undisturbed; neither does she take three hours in the open. Now girls, we cannot remain in the homes and do justice to our selves. Have you ever thought of the great sin you are committing to neglect your own body? Then why do you remain in the homes and neglect yourself until you are wrecks? This does not constitute good nursing. Our work is too important to neglect ourselves in such a way. Then what time do you have for social life? Not any. What time to attend church? Not any. If you do, you are so tired and exhausted you scarcely know what the preacher has said. I thoroughly enjoyed the letter from the nurse who wrote on attending church. This is an important feature in our work and I sincerely hope more of our girls will see fit to attend more regularly; for there isn't anything that would help us more to combat with the many, many hardships we have to bear. I realize that there has been much said in regard to our charges. Yet I believe where the nurse is thoroughly competent and conscientious, ethical and professional I do not believe there will be much said after the family realizes that she is not only working for the mere little sum of six dollars for twelve hours constant care of their loved ones. Now girls, let's try to be considerate of each other. And do our work well and cheerfully for twelve hours, for we cannot live in that bright, cheerful spirit we should live in unless we get the proper rest. Stop for a moment and think of some of our older nurses who are practically wrecks. They are fast growing old without anything to look forward to but to plod along the best they can with broken down constitutions. All from improper care of themselves. Their lives might have been spared for many years of good service had they taken care of themselves. There is another thing I wish we could impress upon the nurses,

sickness, and now he was miss this patient was called the patient. In all the nurse. services, not classes so ng about en know e illness. ried men ed "Sick- J. B.

sring. I rk. Now you will that any ns where y can get does this hours in ur selves. your own until you mportant cial life? so tired thoroughly his is an ill see fit more to at there nurse is t believe working for their loved work well ful spirit and think growing can with their lives care of e nurses,

and that is to read our JOURNALS. Just recently I visited in one of our largest hospitals in the South. I asked quite a few of our graduate nurses if they would kindly loan me their latest JOURNAL. I told them I had received the October number by sending to the office; that I was not permanently located and did not want to subscribe just now. One of the nurses said: "I haven't the JOURNAL, but perhaps you can get it from the Superintendent." She then asked me some questions in regard to sending away for it, and was very much surprised to think it was printed in New York and that you could not buy it most anywhere. Now, girls, let's try to begin the new year right and do our work well and systematically, for there isn't anything run without system.

Little Rock, Ark.

E. E. N.

FROM AN INDIAN MISSION

(Written for an alumnae association)

EAR EDITOR: Ganado Post Office consists of one building, which is a trading store, post office and house combined. Ganado mission, about two miles from the post office, consists of about twelve buildings, dormitories for fifty boys and girls, a large school building not quite complete, the office, church, manse, hospital, two tuberculosis camps, laundry, electric power plant under construction, barn and chicken house. The hospital (Presbyterian) has four wards, seventeen beds in all, and the camps of six beds each. Just now we have five tuberculosis, one tubercular hip, two malnutrition from the mutton diet, two babies with intestinal intoxication and one placenta praevia who has hemorrhages at intervals either day or night. Dr. C. S. Hutchinson, from Los Angeles, has charge of the hospital and I am head nurse. I have one Indian girl to help with the work and expect later to have four other Indian girls who want to take the nurse's training. One tubercular patient, the hip case, the placenta praevia, and the two babies are the only ones who can't take care of themselves. I have had quite a lot of night work so far. The first two weeks we had two surgical cases and a six months' old baby which kept me up. The wards and my room are all on the same floor, so I can hear the bells at night. We had two operations the first Monday A. M. that I was here. The doctor at Indian Wells, forty miles away, was here, so he stayed until I arrived, then they did a laparotomy on an American woman, who lives near here, and opened and drained the tubercular hip. Our doctor operated, a physician from Indian Wells gave the anesthetic, a man who had about six months' training in a navy hospital assisted, and Miss Miller, the housekeeper, did unsterile work. The patient's husband killed flies and ran errands. The first thing that happened was the near-explosion of one of the lamps under the water sterilizer. We have a fine autoclave, basin, and instrument sterilizer and water sterilizer, all heated by kerosene lamps. One of these was not working properly and the flame burned down inside instead of staying up in the burner, so it had to be carried out on a shovel, a mass of flames, and exploded just as it was dropped on the ground. That delayed our breakfast, as everybody in the hospital came to see, so we were late starting the operation. Everybody was new to everybody's methods, so we were pretty slow, but got along fine and everything came out just perfect, no infections, no set-backs of any kind. The water is alkaline and sometimes sandy and I gave hypodermics of water so sandy that you could hardly push the plunger down, and never got an abscess. I catheterized one patient for twelve days and boiled the catheters on the kitchen stove in the day-time and by holding them over a kerosene lamp at night, and was lucky not to get any infection. Infections don't thrive in this

climate, I guess, for the Navajos come in with cuts tied up in rags so dirty they are stiff and never a sign of pus. One day I said to Dr. Hutchinson, "What keeps them from infections?" and he said, "I don't know, unless it's the Lord." The dispensary is where we have the most fun and see the real Navajo in his native dress. They come sometimes on foot, sometimes on horseback, on burros, and in wagons, singly, in pairs and by whole families. One family brought the baby that was sick from eating too many pinyon nuts. Mother and baby and big sister came in the wagon, sister driving the team, and big brother riding on horseback. We kept the baby over night, dosed it well with calomel, and the family camped on the plain about one-half mile away, and next day the whole troupe went their way rejoicing. Sunday afternoon a family came in dressed in the height of fashion. Father wore "store clothes" with beads, ear-rings and bracelets. Mother, who had been sick all summer (malnutrition), wore a black velvet waist and black and white calico skirt, also beads and bracelets and rings. The baby, about a year and a half old, wore an orange velvet waist and green velvet pants. The pants are not sewed up at the center seam. Each leg is attached to a band that ties in front. He also wore beads and bracelets and store shoes, which his mother insisted upon keeping by her bedside. Both men and women wear their hair long and tied up in a peculiar bow knot effect at the back with cord or yarn. I measured one of the full calico skirts and it had seven breadths in the skirt and fourteen in the ruffle. The women do not wear any underwear, but sometimes as many as four of these skirts. Their shoes are yellow-brown sheepskin, buttoned down the side with dimes and quarters made into buttons. They also use these even for buttons on their waists and in the men's coats. On one waist I counted fourteen quarter dollars and on one coat five fifty-cent pieces. Sometimes they use safety pins. One woman had sixteen down the front of her waist. Their velvet waists are tan, brown, orange, purple and black; their skirts are usually black-and-white calico or sometimes red-and-white. Then everyone wears a blanket shawl-wise, not the Navajo blankets which they weave, for these are sold to the traders, and "store blankets," something like a fine horse blanket in most grotesque and gaudy patterns, are worn. The babies are carried in wooden carriers, a padded board with straps to lace the baby in. The babies are usually pitifully dirty and done up in old pieces of flour sacking. They are so pleased when Dr. Hutchinson gives them glasses, and old Chief Johnny wanted the doctor to make him some iron teeth. One woman came in complaining of severe headache, due, she told the interpreter, to water put on her head when she was baptized some months before. The doctor looked her over and told her some bad teeth were causing her headache. She was quite skeptical and said, "My teeth aren't in my head, my teeth are in my mouth." The doctor also pulls teeth. I haven't attempted that yet. We often doctor the horses. We give them a grape-juice bottle full of the purple potassium permanganate solution. One man wanted two bottles because he had two horses. Then he told Helen, my interpreter, that it was a very sweet color.

Arizona

S. C.

NURSING NEWS AND ANNOUNCEMENTS

THE AMERICAN NURSES' ASSOCIATION

All state associations that have not paid their dues to the American Nurses' Association are warned that March 1st is the limit allowed by our by-laws. Any state association which has not paid by that date must be dropped from the list of members. Bills were sent out in December and a second notice is being sent now by the treasurer. This notice is addressed to the secretary of the state association and should be forwarded by her to the state treasurer at once. At the date of publication of the *Journal*, 24 state associations and Hawaii had paid their dues; this leaves 23 in arrears. Dues are fifteen cents per capita, computed according to the state membership on December 1, 1921. This amount should be sent by check or money order to Mrs. C. V. Twiss, treasurer, 14 East 50th St., New York.

NURSES' RELIEF FUND

Report for December, 1921

Receipts

Previously acknowledged -----	\$5,307.78
Interest on bank balance-----	105.09
Interest on Jane A. Delano Legacy-----	72.62
Interest on Liberty Bonds-----	599.93
Alabama: Graduate Nurses' Association-----	29.00
Arizona: One individual -----	1.00
California: State Association, \$38; Dist. 1, \$19; Dist. 5, \$27; Dist. 9, \$36; Dist. 10, \$18; Dist. 11, \$10; Dist. 12, \$31; Dist. 13, \$1.50-----	180.50
Connecticut: Graduate Nurses' Association, \$43-----	43.00
Florida: One individual, \$1-----	1.00
Georgia: One individual, \$10-----	10.00
Illinois: State Association, \$25; Hahnemann Hospital Alumnae, Chicago, \$100; Illinois Tr. School Alumnae, \$50-----	175.00
Indiana: Lafayette Home Hospital Alumnae, \$25; Robert Long Hospital Alumnae, \$9; Eastman Hospital Alumnae, \$11; Huntingdon County Hospital, \$10; Epworth Hospital Alumnae, \$25-----	80.00
Iowa: State University Hospital Alumnae, \$62.20; Dist. 5, \$8-----	70.20
Maine: One individual, in honor of Linda Richards' birthday, \$5-----	5.00
Maryland: State Association -----	503.55
Michigan: Marion Louis Training School Alumnae-----	14.00
Minnesota: State Association -----	316.50
Missouri: One individual -----	1.00
Nebraska: Dist. 2, \$8; Dist. 3, \$3-----	11.00
New Jersey: One individual, in memory of Margaret Coddington Squire, \$40; Orange Memorial Hospital Alumnae, in memory of Miss Squire and Miss Benz, \$10; Hackensack Hospital Alumnae, \$10; two individuals, \$5-----	
New York: Dist. 13, \$116; Dist. 14, \$60; four individuals, \$13 -----	\$189.00
Check returned -----	15.00
	\$174.00
	174.00

North Dakota: State Association	59.50
Ohio: Dist. 3, \$4; Dist. 10, \$17; one individual, \$1	22.00
Oklahoma: State Association	36.00
Oregon: St. Vincent's Alumnae	55.00
Pennsylvania: One individual	1.00
South Dakota: State Association	83.08
Tennessee: Dist. 1, \$2; one individual, \$1	3.00
Texas: Dist. 5, \$25; Dist. 8, \$50.75	75.75
Utah: State Association	69.50
Vermont: Three individuals	3.00
Washington: Spokane County, \$77; through State Committee, \$86	163.00
Wisconsin: State Association, \$50; Dist. 6, \$60; Dist. 8, \$10	120.00
Hawaii: Territorial Association	36.50
Total	\$8,492.50

Disbursements

Paid to 26 applicants	\$395.00
Exchange on checks	1.40
Printing and Stationery	21.38
	\$417.78
	417.78
	\$8,074.72
Invested funds, par value	49,050.00
Total, January 1, 1922	\$57,124.72

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 14 East 50th Street, New York, and the checks made payable to the Farmers Loan and Trust Company, New York City. For information, address E. E. Golding, Chairman, 317 West 45th Street, New York City.

M. LOUISE TWISS, R.N., *Treasurer.*

TABLE OF RELIEF FUND CONTRIBUTIONS FOR THE YEAR 1921

(The state memberships given in parenthesis are one year old, dues for the present year not having been paid. Those states having a star have reached or exceeded the desired quota of \$1 per member.)

State	Membership	Contributions for 1921	Members Helped from Relief Fund 1910-1921
Alabama	166	\$ 40.00	
Arizona*	(61)	345.00	2
Arkansas	200	153.00	
California	2642	1,437.26	7
Colorado	(574)	30.00	2
Connecticut	1270	365.00	1
Delaware	(145)		
District of Columbia	(296)	131.00	1
Florida	(181)	87.50	1
Georgia	322	40.00	
Idaho	(39)		1

	State	Membership	Contributions for 1921	Members Helped from Relief Fund 1910-1921
59.50				
22.00				
36.00				
55.00	Illinois	1789	1,055.60	4
1.00	Indiana	(718)	372.00	3
83.08	Iowa	954	605.20	2
3.00	Kansas	(413)	54.50	1
75.75	Kentucky	306	273.00	
69.50	Louisiana	(267)		
3.00	Maine*	325	379.77	2
163.00	Maryland	(1139)	566.45	1
120.00	Massachusetts	2235	776.00	1
36.50	Michigan	(1526)	1,198.80	2
	Minnesota	1447	655.00	1
	Mississippi	70	66.05	
	Missouri	(1226)	138.00	1
	Montana*	(125)	196.95	
	Nebraska*	(376)	755.05	1
	Nevada	35		
	New Hampshire	267	25.00	
417.78	New Jersey	(1263)	519.00	2
	New York	82.43	5,456.52	6
	North Carolina	320	42.60	2
	North Dakota	(183)	146.00	
	Ohio	(1728)	123.00	1
	Oklahoma	222	201.15	1
	Oregon	(285)	106.00	
	Pennsylvania	5077	1,847.72	8
	Rhode Island	425	58.50	
	South Carolina*	75	103.00	
	South Dakota	130	107.58	
	Tennessee*	472	641.60	1
	Texas	(588)	278.25	1
	Utah	(180)	69.50	
	Vermont	200	189.50	
	Virginia	(499)	6.00	1
	Washington*	(567)	1,272.45	2
	West Virginia	209	9.00	
	Wisconsin	801	163.00	2
	Wyoming	90		
	Hawaii	124	36.50	

ARMY NURSE CORPS

During the month of December, 1921, the following named members of the Army Nurse Corps were transferred to the stations indicated: To William Beaumont General Hospital, Fort Bliss, Tex., 1st Lieut. Mary F. McLaughlin, Chief Nurse; to Station Hospital, Camp Eustis, Va., 2nd Lieutenants Kathryn McCarthy, Julia McKenna, Lucy Morris, and Virginia M. Woods; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieut. Jane Frances Browne; to Station Hospital, Fort McPherson, Ga., 2nd Lieut. H. Elvira Helgren; to Station Hospital, Camp Meade, Md., 2nd Lieutenants Lucy Lewandowska and Julia I. Mullen; to Letterman

General Hospital, San Francisco, Calif., 2nd Lieutenants Grace H. Fowler and Margaret A. Wilson; to Station Hospital, Fort Sill, Okla., 2nd Lieut. Maybelle M. Wells; to Station Hospital, Fort Totten, N. Y., 2nd Lieutenants Elinore Guertin and Clare N. Wheeler; to Walter Reed General Hospital, Takoma Park, D. C., 2nd Lieutenants Agnes Combs, Christy Dalrymple, Bessie E. V. Keil, and Harriett N. Willett.

Orders have been issued for the separation from the service of the following members of the corps: 1st Lieut. Margaret M. Fitzgerald, Chief Nurse; 2nd Lieutenants Hazel E. Bennett, Ida T. Elrod, Frances R. Fabing, Nellie K. Funderburg, Mayme Gerhardt, Florence Green, Julia Lennon, Lona O. Nelson, Inez Pyle, Elizabeth M. Reamer, Frances M. Sternberg, Ada Sturgis, Kathleen T. Van.

The following named 2nd Lieutenants have been admitted to the Army Nurse Corps and assigned to duty as follows: To Walter Reed General Hospital, Takoma Park, D. C., Jessie M. Braden, Ida Mae Confer, Cornelia G. Cole, Ella H. Malm, Goldie E. Zarwell, Marie E. Rogers, Amy C. Hoover, Tena Perry, Florence G. Gerhart, Marie A. Wall, Lelia M. Younglove, Margherita Capparelli, Ann E. Hooper, Mary Hyre, Edna I. Peters, Gertrude Hedges, Ruth McCreary, Berneita F. Moran, Cleo L. Belford, Etta A. Gilliom; to Station Hospital, Fort Riley, Kas., Bertola G. Bains, Alice L. O'Brien; to Station Hospital, Fort Sam Houston, Tex., Flora L. Beeler, M. Margaret Donohoe, Pearl M. Goatley, Ruth Esther Hall; to William Beaumont General Hospital, Fort Bliss, Tex., Isabel McLean, Barbara Bauer, Kathleen M. King, Harriet C. Chandler, Betty C. Iverson, Florrie Kyle, Lilla Jordan, Isabel Kennedy; to Station Hospital, Camp Bragg, N. C., Grace G. Murphy; to Station Hospital, Fort McPherson, Ga., Elizabeth D. Grimes; to Station Hospital, West Point, N. Y., Louise R. Irvin, Jeanette T. Storey, Aniceta Sullivan; to Fitzsimons General Hospital, Denver, Colo., Ruth M. Breed, Doris R. Dickinson, Berenice Newitt, Anabelle O'Hara, Edna J. Allen, Nellmae Wilson.

For the care and interest displayed on their part in nursing in epidemic of influenza which raged over the Army of the Rhine in the spring of 1921, the Chief Surgeon of the French Army of the Rhine expressed his appreciation to the personnel of the Station Hospital, Coblenz, Germany, in a letter to the Chief Surgeon of the American Army of Occupation, Coblenz, Germany, Dated October 29, 1921. In this letter he stated that the Commanding General of the French Army had requested from the Minister of War the award of the French Medaille d'Honneur des Epidemies d'Argent for the following named members of the Army Nurse Corps who were on duty in Coblenz at that time: 1st Lieut. Elizabeth D. Reid, Chief Nurse; 2nd Lieutenants Alva Tomlinson, Julia McAuliffe, Marie Cloherty, Abigail B. Graves, Alice M. McCauley, Magdalene C. Fisher, and Anna B. Hopkins.

A recent experiment in receiving affiliating students from a civilian hospital at an army hospital has been tried at Fitzsimons General Hospital, Denver, Colo. Students from a Denver hospital are taking a two months' course in the nursing of tuberculosis with apparent satisfaction on both sides.

About eighty graduates of the Army School of Nursing have applied for appointment in the Army Nurse Corps, the majority of whom have already been appointed.

ARMY SCHOOL OF NURSING

There are at the present time in the Army School of Nursing, 120 students, 94 at the Walter Reed General Hospital, Takoma Park, D. C., and 26 at the Letterman General Hospital, San Francisco, Calif. A new class of students will be

admitted to the school March 1. It has been very gratifying to learn from the Director of the Bureau of Registration of Nurses for the State of California that a graduate of the Army School received the highest grade in the October examinations, and that among the ten highest, were five graduates of the school. The final group of the graduating class at Letterman General Hospital completed in December its four months' course in Public Health Nursing at the University of California. For this invaluable experience, these students are indebted to the Nursing Service of the American Red Cross to the amount of \$2,090, which was the sum paid in scholarships at \$95 each.

JULIA C. STIMSON,

Major, Supt., Army Nurse Corps; Dean, Army School of Nursing.

NAVY NURSE CORPS

The following nurses have been appointed and assigned at the Naval Hospitals at the Station indicated: Charleston, S. C., Daisy S. Graves; Chelsea, Mass., Katie M. Smith; League Island, Pa., Maude A. Best, Mary J. McGinn, Myrtle N. Kinsey; New York, N. Y., Claude M. Durant, Isabel O'Donovan-Rossa, Mary J. Behmer, Charlotte M. Doyle, Jennie A. Jaeger, Grace E. Keech, Anna V. Broderick; Portsmouth, Va., Anna May James, Nelle L. Watkins; Washington, D. C., Mary L. Easton, Mrs. Mary B. Milesen, Daisy E. Wells.

The following nurse, U. S. N. R. F., has been recalled to duty from inactive status: Washington, D. C., Martha J. Kessler.

The following nurses have been transferred: To Annapolis, Md., Veta B. Markley from League Island, Pa.; Canacao, P. I., Nellie E. Treuthart from League Island, Pa.; Edith L. Stauffer and Irene Pfisterer from Portsmouth, Va.; Charleston, S. C., Adele Scudder from Pensacola, Fla.; Fort Lyon, Colo., Leah M. Janson, Rosa C. Wertz and Annie G. Hamilton from Great Lakes, Ill.; Mare Island, Calif., Martha E. Pringle (Chief Nurse) from League Island, Pa.; Minnie C. Pipher and Bess C. Sanderson from Puget Sound, Wash.; New York, N. Y., Lucia D. Jordan (Chief Nurse) from Pensacola, Fla.; Ruth B. Mentzer from Washington, D. C.; Pensacola, Fla., Mary E. Hand (Chief Nurse) from New York, N. Y.; San Diego, Calif., Mary R. Woods and Cora L. Worthington from Fort Lyon, Colo.; Washington, D. C., Mary J. Miney (Temporary Duty) and Margaret M. Brown (Temporary Duty) from Quantico, Va.; Inez Donaldson (Chief Nurse) from Pharmacist's Mates' School, Portsmouth, Va.; Marion McKay and Grace Pond from Newport, R. I.; U. S. S. Mercy, Helen M. Bunty, Loretta V. Connor, Mabel H. Gommell and Norah Kelleher from Mare Island, Calif.; U. S. S. Chaumont (Temporary Duty), Martha E. Pringle (Chief Nurse) from League Island, Pa.; Bertha A. Adams and Mary E. Northrop from Guam; Janie Bennett and Margaret M. Welsh from Canacao, P. I.; Mary A. Murphy from Pearl Harbor, T. H.; U. S. S. Argonne (Temporary Duty), Mary V. Hamlin (Chief Nurse) from Dispensary, Navy Yard, Philadelphia, Pa.; Nellie E. Treuthart from League Island, Pa.; Edith L. Stauffer and Irene Pfisterer from Portsmouth, Va.

Honorable Discharges—Ethel E. Parsons, Mae Eidemiller, Leah L. Bowditch.

Resignations—Edith A. Lea, Lucy E. Howard, Rosaline A. J. Ready, Katherine McLaughlin, Ferol Ford, Treela E. Nelson.

The following nurses in inactive status have been released from the service: Allie Simmons, Naomi M. Anderson, Effie Concannon, Catherine E. O'Connor, Elizabeth M. Jansing, Margaret H. Ward.

By the Act of June 4, 1920, relative rank was conferred on members of the

Army Nurse Corps. The law establishing the Navy Nurse Corps contains the following provisions: "The Superintendent, Chief Nurses, Nurses and Reserve Nurses, shall respectively receive the same pay, allowances, emoluments, and privileges, as are now or may hereafter be provided by or in pursuance of law for members of the Nurse Corps (female) of the Army."

The Surgeon General submitted a recommendation to the Secretary of the Navy, based on the application of relative rank for members of the Navy Nurse Corps, corresponding to the relative rank granted members of the Army Nurse Corps by the Act of June 4, 1920. Under date of December 26, 1921, the Judge Advocate General of the Navy submitted a lengthy statement in which the legal aspects of the application of the law of June 4, 1920, to the Navy Nurse Corps were set forth and ended his statement with the following: "Therefore, since the act approved May 13, 1908, establishing the Navy Nurse Corps, makes no reference whatever to rank or relative rank, it does not appear that Congress intended that nurses in the Navy were to have any rank or relative rank, or that there should be any assimilation in that respect with nurses in the Army. You are accordingly advised that, in the opinion of this office, members of the Navy Nurse Corps are not entitled to relative rank, as provided for nurses of the Army by section 10 of the act approved June 4, 1920."

(Signed)

J. L. LATIMER.

Approved 3 January, 1922.

(Signed) EDWIN DENBY,

Secretary of the Navy.

LENAH S. HIGBEE,
Superintendent, Navy Nurse Corps.

THE UNITED STATES CIVIL SERVICE COMMISSION announces an open competitive examination for the position of Specialist in Child Hygiene, receipt of applications to close February 14. The position is in the Children's Bureau and commands a salary of \$2,400 to \$4,000. Applicants should apply at once to the office of the Commission, Washington, D. C., asking for form 2118, and stating the name of the position as given above.

Arkansas: Pine Bluff.—THE DAVIS HOSPITAL enjoys the distinction of being the first hospital in the state to include instruction in Social Service and Public Health Nursing in the curriculum of the school for nurses. Field work is given under the supervision of the Jefferson County Tuberculosis Association. Helena.—District 1 held its annual meeting in November, electing: President, Mrs. Clifton Jackson; secretary-treasurer, Evelyn Griffing. District 6-A held its annual meeting on January 4, electing: President, Phoebe Martin; secretary, Mollie Saint; treasurer, Mrs. Lula Brown. The District has sent \$12 to the Delano Memorial Fund. Little Rock.—District 5 held a regular meeting on January 3, reelecting: President, Frankie Hutchinson; secretary, Mrs. N. B. Anderson; treasurer, Katherine Dillon.

Connecticut: Bridgeport.—THE ALUMNAE ASSOCIATION OF THE BRIDGEPORT HOSPITAL, at its annual meeting, December 13, received the encouraging report that the free bed for nurses for which the members have been working for nearly a year, has been secured. A friend of the association offered \$5,000, if the members would raise an equal amount which they have done. A most attractive room has been designated by Dr. Bresnahan for the nurses who hope to work now for an endowment. Officers elected are: President, Margaret Rourke; vice-president, Louise Bawden; secretary, Hazel Howe; treasurer, Mrs. Helen Carter. In

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outlining the programme for the year it was decided to have at each meeting a speaker or a demonstration on modern hospital technique.

District of Columbia: THE GRADUATE NURSES' ASSOCIATION OF THE DISTRICT OF COLUMBIA when asked to endorse the Fess-Capper bill for Physical Education, wrote Mr. Caulkins, Manager Physical Education Service, asking how the work of the school nurses required would be supervised within the states. In his reply Mr. Caulkins stated that the plan of organizing the supervision of school nursing service must be determined as a separate matter in each state.

Georgia: Savannah.—THE GEORGIA STATE ASSOCIATION held its annual meeting at the DeSoto Hotel, November 22 and 23. The meeting brought together some sixty-five representative nurses from all parts of the state. The exchange of experiences, impressions and opinions proved very stimulating and helpful. The session was opened by Rev. Neal Anderson, followed by addresses of welcome by Mayor M. M. Stewart, Miss Stella Aiken, president Georgia Business and Professional Women's Clubs, and Mrs. Frank P. McIntyre, Chairman, Georgia Democratic Committee of Women. Margaret Dorn, of Augusta, responded in behalf of the nurses. The address of the President, Virginia P. Gibbes, was full of interest and enthusiasm. Colonel Conrad Korper, Health Officer, Savannah, gave an address on the two most prevalent diseases, viz., Venereal Disease and Tuberculosis. Chloe M. Jackson, Executive Nurse, State Tuberculosis Association, gave a brief talk on the tuberculosis problem in Georgia. She used graphs to show the relative death rate from the nine communicable diseases and pointed out the fact that 40 per cent of all these deaths is due to tuberculosis. Cancer control was discussed by Dr. George White, State Chairman of the American Society for the Control of Cancer. Child Hygiene was comprehensively and interestingly discussed by Dr. Dorothy Bocker, Georgia State Board of Health, Department of Hygiene. Susanne F. Robbins, Executive Secretary and Supervising Nurse, Savannah Health Center, gave a most valuable talk on Organization of Health Centers. The following papers were read: The Private Duty Nurse, by Marie J. Godfres, Savannah; What the Red Cross Means to the State Association, and What the State Association Means to the Red Cross, by Jean Harrell; ablest among those discussing this paper was Clara D. Noyes, who stated that the Red Cross committees of the various states were one of their most valuable possessions, because if all the Red Cross chapters were to go out of commission the nursing service would be intact and could go on functioning in a very capable manner; The Value of an Alumnae Association to the Nurse and to the Nursing Profession, Jane Van de Vrede, Southern Division, American Red Cross. This was a message of inspiration to all alumnae. Two distinguished visitors to the convention were Mary M. Roberts, Rochester, N. Y., co-editor of THE AMERICAN JOURNAL OF NURSING, and Clara D. Noyes, President of the American Nurses' Association, and Director of the Nursing American Red Cross. An outstanding feature of the occasion was an address by Miss Noyes, who, out of her broad experience, gave us much information that was both instructive and gratifying. A paper on "Changes in Nursing Education," read by Miss Roberts, was of great value and full of sound logic, closing with the statement that "Education must have the fine old spirit of nursing back of it or it will not stand." The social features were as follows: Oyster Roast, Yacht Club, given by the alumnae associations; Dinner, DeSoto Hotel, Savannah nurses; Luncheon, Savannah Nurses' Club; At Home, at Health Center; Tea, Oglethorpe Sanatorium, by Oglethorpe and Savannah Alumnae Associations; all of these were the highest expressions of hospitality and all thoroughly enjoyed. The

following officers were elected: President, Jane Van de Vrede, Atlanta; vice-presidents, Mrs. M. M. Jones, Milledgeville; Helen Hatch, Savannah; secretary, Chloe M. Jackson, Atlanta; treasurer, Mrs. L. C. Saville, Savannah; councilor, Cleo McLaughling. **Atlanta.**—DISTRICT No. 1 OF THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES held a special meeting at the Nurses' Club, November 26, to give the nurses an opportunity to meet Mary M. Roberts, Co-Editor of THE AMERICAN JOURNAL OF NURSING, as she could be in Atlanta on her return trip to New York. She gave a very interesting talk regarding the progress of nursing and the importance of THE AMERICAN JOURNAL OF NURSING to the nurses. After the meeting tea was served. The regular bi-monthly meeting of the District Association was held December 16, at the Nurses' Club. Reports of the State Convention were read. At the close of the business meeting a little Christmas ceremony was observed. The old (in service) nurse was given a lighted Moravian Christmas Candle. She lit a candle for each one of the officers present, who, in turn, lit candles for each member present. Jane Van de Vrede spoke of the significance of the lamp as the symbol of nursing the world over, and of the significance of the candle at Christmas time. Marie Brown, who for a number of years was associated with the hospital at South Bethlehem, Pa., told of the beautiful Moravian custom and the way that the candles were made by hand by the Moravian Sisters and Brothers, and the observance of the Christmas celebration and the use of these candles in their churches and hospitals. While the candles were burning the nurses formed a circle and sang one verse of the hymn, "Blest Be the Tie that Binds." THE ALUMNAE ASSOCIATION OF THE PIEDMONT SANATORIUM have a unique Committee, such as might be helpful to other alumnae associations and stimulating to the JOURNAL. It is called "The Press and Journal Committee." The usual duties of submitting news items to the JOURNAL and the press are included as one of the activities, but in addition, it is the business of the Committee to bring to the Association meetings for discussion special items of interest that have appeared in the JOURNAL or the current press, and to keep such items in a scrap book for the Association.

Illinois: **Evanston.**—Ada Belle McCleery, for some years superintendent of nurses at the Evanston Hospital, has been appointed superintendent of the hospital. Her assistant, Ida B. Smith, becomes superintendent of the school. **Chicago.**—Helen W. Kelly, Illinois Training School, is Supervisor of Nurses for the Milwaukee County Association, Wisconsin, and is doing a great deal to develop the work along public health organization lines. She will reside in Wauwatosa, Wis. Dolly Twitchell, Director of Instruction in Home Hygiene and Care of the Sick for Central Division, American Red Cross, has resigned. Georgia Elizabeth Reynolds, a graduate of the Memorial Hospital, Nashua, N. H., came to Central Division in January as Field Director for the Nursing Department. Mrs. Anne Colon Stanton has resigned as Field Director to take up new duties in Gardner, Mass. THE ILLINOIS TRAINING SCHOOL ALUMNAE ASSOCIATION held its November meeting at the Chicago Lying-in Hospital. After the business session, Dr. DeLee gave an illustrated talk on the History of Obstetrics. Mrs. Wescott reported that the Memorial Home and Loan Fund had gone over the top, \$12,100 having been raised.

Indiana: On November 4, Indiana and Indianapolis entertained Marshal Foch. It was one of the biggest celebrations ever held and was conceded to be quite a military event. A splendid parade of service and ex-service people came in for its share in the celebration when they covered four miles of marching. The

cadets from Culver Military Academy, the regulars from Ft. Harrison and the American Legion all marched in full uniform. The ex-service nurses were very conspicuous in the parade as they marched the full distance in a cross formation. It proved to be a Red Cross, as all nurses wore their service uniform with the Red Cross capes thrown back over one shoulder to display the red lining. When the reviewing stand was reached, the order "Eyes right" was given and great honor was shown to the nurses by the removal of the hats of Marshal Foch, his aides and others on the stand. The Student Nurse Recruiting Movement is getting well under way. The State Committee, of which Annabelle Petersen is Chairman, has been working to get the districts organized. During January, February and March, an intensive campaign will be put on with Mary E. Gladwin as the state speaker. Out of 149 applicants for the November examination for registration of nurses in Indiana, 140 received passing grades, 76 of this number were on the honor roll, having received grades of 90 or more. The following Public Health Nurses have been appointed to fill county positions in Indiana: Helen Ragan, Vincennes, Knox County; Grace Ewing, Rushville, Rush County; Belle K. Smith, Lebanon, Boone County; Mrs. Roy Gregg, Delphi, Carroll County; Julia Groscop, Auburn, Dekalb County; Edith Kesler, Lagrange County; Mary Lorrig, Crown Point, Lake County; Agnes Yount, Kendallville, Noble County. Indianapolis.—At the annual meeting of the Berry-Copeland Post of the American Legion the following officers were elected: Annabelle Petersen, commander, to succeed Florence J. Martin; Grace VanAnda, vice-commander; Mrs. Catherine Hitch, adjutant, Jessie Rodman, finance officer; Mable McEachren, historian; Martha McDougall, athletic director; Mrs. Grace McNutt Smith, service officer, and Miss Martin, publicity. The post now numbers 68 members. They distributed a number of Christmas baskets among the families of disabled ex-service men and sent boxes of candy to a number of sick ex-service nurses. District 4 held a meeting at the City Hospital, January 11, at which Mary E. Gladwin spoke; over ninety nurses were in attendance. Miss Gladwin spoke also at the service held as a memorial to Jane A. Delano on January 14 in Hollenbeck Hall. The City Hospital Nurses' Alumnae Association met at the Central Directory on January 6 for a "Twelfth Night" party or "Bean Kings Festival." The guests came masked and a ghost introduced the "Ouija" board. Mrs. Vera Kenagy and Mrs. Charles Owens won the spelling contest of medical words and were presented with the new caps of the City Hospital. City Hospital nurses may obtain these caps of Grace M. Cook, 12 Bungalow Park. Miss Anna Rein of Shelbyville, Ill., received the piece of cake with a bean baked in and was crowned queen with an elaborate ceremony. The next meeting will be held at the City Hospital March 11. Mary Meyers will address the meeting on "Nurses' Organizations," and a committee will be appointed to make arrangements for the annual banquet to be held in June. The Dr. W. B. Fletcher Alumnae Association held its annual election of officers and the following were elected: President, Mrs. Catherine S. Hitch; vice-president, Katherine Donnelly; secretary, Fannie Kalar; treasurer, Nancy Gibbs; directors, Katherine Hoar, Emma Stanton, Mrs. Olive Neal Simison, Martha Arthur. The Jane Delano Memorial Fund received a contribution from the Alumnae Association in the sum of twenty-five dollars and active plans for a membership drive were inaugurated. Visiting and program committees were appointed.

Iowa: NELLE MORRIS, The Summit D1, Iowa City, has succeeded Lola G. Yerkes as secretary of the State Association. Miss Morris is County Nurse for Johnson County. Miss Yerkes becomes Associate Professor in the Home

Economics Department of Michigan Agricultural College. **District 9, Council Bluffs.**—Mercy Hospital and Jennie Edmundson Memorial Alumnae held a joint meeting January 6, and planned for the Annual Meeting of the District Association. The Jennie Edmundson Alumnae elected the following officers January 3: President, Augusta Miller; vice-president, Emily Vaugneau; secretary, Bessie Peterson; treasurer, Lulu Saar; directors, Anna Thompson, Ethel Martin, Mrs. Sarah M. Bonds and Frances Hutchinson. **Cedar Rapids.**—MERCY HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on December 12, when the following officers were elected: President, Marion McCabe; vice-presidents, Sister M. Yeo and Sister M. Visitation; secretary, Sue Sullivan; treasurer, Stella Scott. Pupil nurses gave \$5 to the National Red Cross. Sister M. Mercy, class of 1916, has been assigned to the General Hospital at Kalispell as floor supervisor. Eva Rhatigan and Bea Roche have accepted positions in the Columbus Hospital, Chicago. **Burlington.**—**DISTRICT 2** had its annual meeting December 30. Mr. Sipple, Superintendent of Schools, gave a talk reviewing opportunities for and the responsibilities of the nurses of today. Esther Albright presented a report of the state meeting. The following officers were elected: President, Mary Elder, Burlington; vice-presidents, Esther Albright, Danville, and M. Sharp, Keokuk; secretary, Mabel Lusk, Ottumwa; treasurer, Elsie Thompson, Burlington; directors, Elizabeth Finlay, Washington, and J. Tighe, Burlington. **Iowa City.**—Mary Haarer, who has been principal of the School of Nursing, University of Iowa, for the past five years, has resigned. The Iowa Nurses consider this a great loss as Miss Haarer was president of the State Association for three years and has accomplished some splendid constructive work in the University School of Nursing. **Fairfield.**—Mary Watts has enrolled for a four months' post-graduate course at the Chicago Lying-in Hospital. **Anamosa.**—Helen R. Foarde and Eleanor Streng, class of 1920, Mercy Hospital, have been assigned to duty at the Speedway Hospital, Chicago, and the Government Hospital, Colfax, Iowa, respectively.

Louisiana: The semi-annual examination of the Louisiana Nurses' Board of Examiners was held in New Orleans and Shreveport December 12 and 13. Eighty-two applicants qualified as registered nurses.

Maine: Portland.—THE MAINE GENERAL HOSPITAL ALUMNAE ASSOCIATION held its 25th annual meeting at the Nurses' Home on January 4. Reports showed that the association is in a flourishing condition and that it has made a substantial gain in membership. The following officers were elected: President, Mrs. Lou S. Horne; vice-presidents, Agnes M. Nelson and Martha A. Fagan; secretary, Mrs. Alice S. Hawes; treasurer, Mabel Blanchard; auditor, Minette E. Moore; registry manager, Edith L. Soule; councillors, Josephine McLaughlin and Rilla M. Hersom. The Sick Benefit Fund of the association, to which each member contributes yearly, shows a balance of \$3,709. This fund is maintained for the benefit of members who are in need of assistance and it is hoped that it will some day be possible to endow a room in the hospital for graduates of the school. A social hour followed the business meeting, Mrs. Horne acting as hostess. The next regular meeting of the association will be held February 1. To all members and graduates who are scattered from "Maine to California," the association sends kindly greetings and best wishes for the new year. **Calais.**—THE CALAIS HOSPITAL held graduation exercises for a class of eight on January 5 in the Second Baptist Church. The principal addresses were made by Dr. A. L. Smith, District Health Officer for the State, and Rev. Dr. R. A. MacDonald. The Florence Nightingale Pledge was given by the class. Following this there was

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a reception with dancing. The exercises reflect great credit on the superintendent, Bertha A. Culliton, and her assistant, Pauline Ganong.

Maryland: Baltimore.—JANE M. PINDELL has taken charge of the Franklin Square Hospital, as head nurse. Miss Pindell is a graduate of the City Hospital, New York, and has held a number of important executive positions.

Massachusetts: Newton Lower Falls.—A reception was given at Newton Hospital by the trustees for Mary M. Riddle, the retiring superintendent, who came to the hospital in 1904. Churches, clubs and individuals interested in the hospital received invitations. Miss Riddle was given a desk and chair. Boston.—THE MASSACHUSETTS HOMEOPATHIC HOSPITAL ALUMNAE met January 9. Susan E. Tracy, class of '98, spoke on Occupational Therapy. A social hour followed. THE MASSACHUSETTS STATE INFIRMARY ALUMNAE ASSOCIATION held its first quarterly meeting on January 5 at the Boston Nurses' Club with twenty-five present. It was decided to send \$10 to the Delano Memorial Fund. Dr. Mary Lakeman spoke most interestingly on Child Hygiene. A social hour followed. Fall River.—THE CITY HOSPITAL ALUMNAE ASSOCIATION met December 6 and elected the following officers: President, Florence D. Thistlethwaite; vice-president, Annie E. Hadfield; secretary and treasurer, Irene F. Carroll; directors, Lillian Dickinson, Elizabeth E. Astin, and Sarah Dixon.

Michigan: Battle Creek.—Through the generosity of Dr. J. H. Kellogg of Battle Creek, First Vice-President of the Michigan Tuberculosis Association, the Public Health nurses of Michigan, who are especially interested in the tuberculous and malnourished child, were recently given an exceptionally valuable experience in an institute on nutrition and hydrotherapy, in its relation to tuberculosis, conducted at the Battle Creek Sanitarium under the auspices of the Michigan Tuberculosis Association. Twenty nurses and nutrition workers from all parts of Michigan were the guests of Dr. Kellogg for the first week of January. All the X-ray and other laboratory facilities were available for instruction. Lectures and moving pictures were given, also practical demonstrations in hydrotherapy in its relation to tuberculosis. A visit was made to the dairy and poultry farms, food factory, the laboratories and to the newly opened Roosevelt Tuberculosis Sanatorium on the grounds of Camp Custer. This sanatorium is the only one of its kind, owned and operated by the American Legion. So far as is known, Michigan is the first state to give its Public Health nurses such an opportunity for study and instruction and it is expected that a similar institute will be given annually.

Minnesota: St. Paul.—Bessie Baker, having completed a course at Teachers College, will assume her new duties as director of the School for Nurses of the Miller Hospital, on February 10. Miss Baker is a graduate of Johns Hopkins School for Nurses. She was assistant superintendent of nurses in that school for five years, and was chief nurse with the Johns Hopkins Hospital Unit overseas.

Missouri: St. Louis.—Bertha Love has resigned the position of assistant registrar of the Central registry and has accepted the position of night supervisor at the Parker Memorial Hospital, Columbia.

Nebraska: Omaha.—Ada Charlton, for some years associated with the Lord Lister Hospital, has succeeded Grace V. Bradley at the Ford Hospital. Miss Bradley has accepted the position of Superintendent of Nurses at the Douglas County Hospital, a hospital having a wealth of material, including tuberculosis and mental cases. Both hospital and nurses' home have recently

undergone extensive improvements. Jennie Sunderland of Cedar Rapids, Iowa, has taken charge of the Central Club and Registry.

New York: THE TRANSPORTATION COMMITTEE for the New York State Nurses' Association is arranging a special tour for members who desire to combine some sight seeing in the West with their trip to Seattle, in June, to attend the A. N. A. convention. The cost will be kept as low as possible, including arrangements for meals and transportation of baggage to and from hotels. A special folder explaining details will be mailed to members of the organization within a short time. For information, communicate as early as possible with the Chairman of the Committee, Mrs. Julia W. Kline, 546 Rugby Road, Brooklyn. Rochester, District 2.—Gertrude DeLaney, graduate of the Massachusetts General Hospital, has become assistant superintendent of the Rochester General Hospital; Sarah Van Vranken, class of 1916, Samaritan Hospital, Troy, has joined the training school staff. Agnes Gordon of Michigan is superintendent of nurses at the Highland Hospital. Oneida, District 7.—THE BROAD STREET HOSPITAL ALUMNAE held its annual meeting on January 3 and elected: President, Charlotte Barker; vice-president, Mrs. Roy Blanchard; secretary-treasurer, Mrs. L. S. Preston. New York, District 13.—THE NEW YORK POST GRADUATE NURSES' ALUMNAE ASSOCIATION held its annual meeting recently and elected: President, Josephine Hughes; vice-presidents, Elizabeth Porter, Jeanne U. Strathie, Dorinda Dawley; secretary, Sarah Eissing Aikle; treasurer, Emma Ludwig. A social hour followed the meeting. Nancy E. Cadmus, after a few months of rest, has become General Director of the Maternity Center Association, with offices at 370 Seventh Avenue. Anne Stevens, long connected with the Maternity Center, succeeds Florence Patterson as Executive Secretary of the National Organization for Public Health Nursing. Miss Maxwell has returned to this country. Her address is Central Club for Nurses, 132 East 45th Street, New York. Nassau, District 14.—THE NASSAU HOSPITAL ALUMNAE held its annual meeting January 10 and elected: President, Lucy F. Hallock; vice-presidents, Lucy McK. Seaman and Jean Cleghorn; secretary, Mrs. Marguerite W. Goldsmith; treasurer, Mrs. Evelyn S. Baldwin.

North Carolina: Asheville, District 1 held its annual meeting on January 4 and elected: President, Mary P. Laxton; vice-presidents, Athalia Lord, Mrs. L. C. Hanna; secretary, Mrs. M. J. Sinclair; treasurer, Esta Kirk; directors, Belle Campbell, Serena Alexander, Grace Sample, Nell Hackney.

Ohio: Cincinnati.—THE JEWISH HOSPITAL ALUMNAE ASSOCIATION added \$400 to its Emergency Fund as the result of a Bazaar held in the auditorium of Straus Hall, the educational building of the School for Nurses, on December 14. Each member had donated articles to the value of five dollars. Elizabeth Pierce, a graduate of the school, and for six years an assistant to Miss Powell at the University of Minnesota, has accepted the position of Superintendent of the Children's Hospital in this city.

Oregon: Portland.—Lectures on various phases of Public Health work were given at the Central Library on January 6. The State Bureau of Public Health Nursing and Child Hygiene is starting a series of prenatal letters for use throughout the state. Lulu Johnson has accepted the position of Red Cross County nurse in Morrow County to succeed Emma Bunge, resigned. Mary Carrothers, of West Virginia has accepted a position as county nurse. Mildred Wright, an instructor at the University Hospital, Nanking, China, is at her home preparatory to starting east to study Public Health work. Miss Wright will return to China. Caroline Wallace has given up her work in Douglas County

and accepted a position on the Visiting Nurses' Association of this city. During Christmas week a three days institute for School Nurses was held under the auspices of the Division of School Hygiene of the Portland Health Bureau.

Pennsylvania: Philadelphia.—ST. LUKE'S HOSPITAL ALUMNAE, at a well attended meeting heard a report of the state convention. It was decided to adopt, for the year 1922, an Armenian orphan; also to urge each nurse to do her share for the Relief Fund in memory of Alice Fisher. Every member renewed her subscription to the JOURNAL. The full quota of Christmas seals was sold. THE ALUMNAE ASSOCIATION OF THE CHILDREN'S HOMEOPATHIC HOSPITAL holds regular meetings on the third Monday of each month. THE MOUNT SINAI NURSES' ALUMNAE held their annual meeting on December 30 and elected: President, Elizabeth Aaron; vice-president, Anna Kleiman; recording secretary, Anna Ford; corresponding secretary, Florence Fonaroff; treasurer, Henrietta Glazer. THE NURSES' ALUMNAE OF THE UNIVERSITY OF PENNSYLVANIA HOSPITAL is endeavoring to raise a fund for a rest cottage at Atlantic City. A bazaar was held for this purpose in November which brought \$1,100, while a dance given in December, added \$380. THE ALUMNAE ASSOCIATION OF THE HOSPITAL OF THE PROTESTANT EPISCOPAL CHURCH in Philadelphia held its annual meeting January 4, and elected: President, Mrs. Adelaide Wright Pfromm; vice-presidents, Laura Evans, Mrs. Grace Calvert Bender; secretary, Anna B. Behman; treasurer, Amelia S. Diller. The annual report will be published. Ten meetings have been held with a total attendance of 118. Fifteen members have been added. Contributions have been made to National Nursing Headquarters and to the Nurses' Relief Fund. A Christmas gift of a lamp with much appreciation was sent to the treasurer, Miss Diller, who has served most diligently the last five years, and through the changes in dues and trying misunderstandings of members who rarely attend meetings. Subscriptions to THE AMERICAN JOURNAL OF NURSING during 1921 were 149; and 152 for the ensuing year. A reunion of all graduates of the training school will be held for three days in May, succeeding commencement of the class of 1922. The total number of graduates is 640, with 33 in the graduating class. There will be a card party, February 8, in the Nurses' Home to add to treasury. Katherine Cleveland, class of 1911, left the Samaritan Hospital, November 1, to take a position as directress of nurses at The Germantown Hospital. **Lancaster.**—THE ALUMNAE ASSOCIATION OF THE LANCASTER GENERAL HOSPITAL held its annual meeting recently and elected: President, Matilda Davis; vice-president, Estella M. Shopf; secretary, Charlotte M. Oster; treasurer, Mrs. Florence Smith. A bazaar and dance held recently brought \$600 toward the endowment of a room for sick nurses in the new wing of the hospital. **Scranton.**—THE ALUMNAE ASSOCIATION OF HAHNEMANN HOSPITAL held its annual meeting on January 3 and elected: President, Mrs. Anna Davidson; vice-president, Edith Reed; secretary, Leah Huffman; treasurer, Irene Surplice. At the December meeting a report of the state convention was given by E. Davis. The annual banquet will be held in February. **Pittsburgh.**—THE UNITED STATES PUBLIC HEALTH SERVICE will hold an institute on Social Hygiene in this city, February 20-25. The programme will consist of work for a technical group composed of physicians and nurses, round tables and talks for public health nurses and a programme for lay women and other workers interested in the subject. The work for the nursing group is planned for the nurse who is engaged in active work in the field, especially those who have had little public health training, and not very close supervision. Some of the leaders on the nursing programme will be: Dr. William Snow, Dr. Valeria Parker, Dr. Rachelle Yarros, Dr. Grover

Wende, Dr. Wade Wright, Dr. Mary Riggs Noble, Elizabeth Fox, Harriet Leete, Mary Marshall, Alice Stewart, Mrs. Gertrude Gates Mudge, Helene Pope, Florence Teagarden. All nurses who possibly can, are urged to attend. Any information concerning registration, programmes, etc., may be obtained from Elizabeth Cannon, Director of Public Health Nursing Course, Medical School, University of Pittsburgh. Philadelphia.—THE ALUMNAE ASSOCIATION OF THE WOMAN'S HOSPITAL held its thirty-third annual meeting on January eighteenth, at the hospital, Helen F. Greaney presiding. The following officers were elected: President, Helen F. Greaney; first vice-president, Ethel L. Rahe; second vice-president, S. Elizabeth Swartz; recording secretary, Celia T. Mowery; corresponding secretary, Anna Belle Decker; treasurer, Anna M. Peters; directors, Margaret F. Coe, E. May Bachman, Mrs. Isabel Close. One of the most interesting records of 1921 was the report at the State Meeting, "The Memorial to Our Mary Budd Turpin, Class of 1908, Woman's Hospital." The Twentieth Century Club gave \$2,000 for some work to show appreciation of Miss Turpin's work for the Red Cross, and it was decided that this work should be a series of lectures open to all nurses in Pittsburgh and vicinity, on public health topics. This was reported to the Convention so that the nurses might know of the tribute to a nurse that had been given by the Club. Five new members were taken into the alumnae association.

Rhode Island: THE RHODE ISLAND STATE NURSES' ASSOCIATION held a meeting at the Medical Library on November 4. Addresses were given by Mrs. Barker of Worcester, Mass., on Child Occupation, by Mrs. Howard Farnum on Thrift; and by Frances M. Ott of Indiana on Private Duty Nursing. A social hour followed. THE RHODE ISLAND LEAGUE OF NURSING EDUCATION met with Emma Dunn at the Crawford Allen Branch of the Rhode Island Hospital on October 27. Members were transported by automobile to the Hospital at East Greenwich; after the business meeting Miss Dunn and her assistants gave a demonstration of the way orthopedic cases are cared for by sun baths, sea bathing, etc., showing various kinds of apparatus for treatment. A large number of Red Cross nurses joined the parade on Armistice Day, and added their tribute to those "who did not come back." THE RHODE ISLAND HOSPITAL ALUMNAE ASSOCIATION, at its meetings on October 25 and November 22, heard talks by Miss Lord on present-day training school methods. A dance and whist given on November 10 brought a small sum of money which will be added to the training school fund of the hospital. A miscellaneous shower was given on November 22 for Jennie M. Cortis, who has rendered valuable service as president during the past year. THE RHODE ISLAND HOSPITAL NURSES' CLUB, in November, heard nurses engaged in many kinds of work tell of their experiences during the past year. On December 6, Mary S. Gardner told of her work in Europe for the American Red Cross. ST. BARNABAS GUILD at its November meeting heard a report of the Council of the Guild held in New Jersey; at the December meeting, Col. J. B. Littlefield of the Providence Post, American Legion, told of the work done for the unemployed.

Virginia: THE VIRGINIA STATE BOARD OF EXAMINERS OF NURSES will hold its semi-annual examination at the Medical College, Richmond, February 2 and 3. For further information apply to Ethel Smith, secretary, 4 Boissevain Apartments, Norfolk.

Washington: THE STATE BOARD OF NURSE EXAMINERS has, since last April, been under the Department of Licenses. A committee of three nurses holds examinations, corrects papers, and decides matters of importance. The Legislative Committee is drafting a new bill to be presented to the Legislature at its next

erriet Leete, Pope, Florida; information Elizabeth University. WOMAN'S health, at the were elected: second vice-president; secretary; corresponding directors, most interesting Memorial to Twentieth Century; Marvin's work of lectures. This was tribute to a men into the held a meet- en by Mrs. Farnum on A social met with hospital on at East gave a baths, sea ge number their tribute NAE ASSO- Miss Lord November school fund for Jennie past year. was engaged On Decem- Red Cross. Council of battlefield of unemployed. will hold y 2 and 3. in Apart- last April, holds exam- legislative it its next

session. In June, 160 applicants were examined; and in December, 24. This is the first year that two examinations have been held. The Committee of Nurse Examiners is appointed by the Governor and consists of: Mrs. Janette M. Siger- son, Wenatchee; Alice M. Claude, Spokane; and May Mead, Bellingham. All inquiries are to be sent to the Director of Licenses, Fred J. Dibble, Olympia.

Wisconsin: THE WISCONSIN STATE BOARD OF NURSE EXAMINERS held its first examination since the waiver in the City Hall, Milwaukee, January 24, 25. Ashland.—Agnes Reid, president of the State Association, met with the local nurses to organize the eleventh district, December 5. Forty nurses were present and a social hour followed. The following officers were elected: President, Anne M. Thompson, Washburn; vice-presidents, Hannah Tidstrom, Ashland, and Florence Werrick, Bayfield; secretary, Amelia Peterson, Ashland; treasurer, Ethel Cording, Osceola; directors, Nellie Hangard, Jessie Schalked, and Mrs. E. N. Coon, all of Ashland; and Antonia Werrien, Superior; May Linsdean, Bayfield; Theresa Gardner, Phillips. Beloit.—Mrs. Justin Thorpe, Superintendent of the Visiting Nurse Association, has resigned. Milwaukee.—Jeanette Hayes has accepted the position of Public Health Nurse in West Allis. Palma Grahn Staughton has accepted the position of county nurse for Vernon County. Madison.—Mrs. Pearl Guynes, Memphis General Hospital, has accepted a position with the Federal Board. Carrie Fenhy, Wesley Hospital, Chicago, is superintendent of the Methodist Hospital. Estelle Berg of Milwaukee is superintendent of the Methodist Maternity Hospital.

TOO LATE FOR CLASSIFICATION

NATIONAL MEETINGS

Every year, the third week of January, boards of directors and committees of the American Nurses' Association, the National League of Nursing Education and *The American Journal of Nursing* hold meetings in New York. This year the meetings were held January 16 through 19, at national headquarters, 370 Seventh Avenue. Matters of interest to all the members of these associations were discussed and plans were formed which will be presented to the delegates at the Seattle convention for formal action.

Of first interest is the convention date, which was finally decided upon as June 26 through July 1. The committee in Seattle reported great enthusiasm at that end of the line. Miss Albaugh, chairman of the Transportation Committee, read outlines of various trips being arranged by the railroads for our convenience, both sight-seeing and straight trips. The summer rates are one fare and one-third, and if the trip is made a summer vacation, as well as attendance at the convention, it will be well worth the expenditure, there are so many places of interest which may be visited going or returning. The joint boards decided to authorize a commercial exhibit so that hospital superintendents may see with their own eyes the equipment they must often purchase by description or from pictures.

The Revision Committee presented several amendments to the by-laws, to be voted on at the convention. Several of these have to do with the better systematization of our work at headquarters. The application of New Mexico to membership was considered and was accepted, subject to the approval of the Eligibility Committee. All the states of the Union will now be members of the American Nurses' Association and the only new members we may look for in the future will be territorial associations, such as Alaska and the Philippines.

It is probable that a universal transfer card for membership will be worked out, so that a nurse moving from one state to another may transfer her membership easily for the remainder of the fiscal year for which she has paid dues.

The List of Accredited Schools, which is so constantly used, will be revised and ready for sale at the time of the convention.

The Nurses' Relief Fund reported that thirty-one nurses are being helped from the fund and five more applications are under consideration.

The Isabel Hampton Robb Memorial Fund Committee decided to offer six scholarships this year of \$250 each for those who wish to prepare themselves as instructors or for hospital or training school administration. Mrs. Mathild Krueger Lamping has resigned from the committee. The vacancy thus caused will be filled by referendum vote.

The *Journal* stockholders elected Bena M. Henderson of Chicago as a director and reelected as directors the following: S. Lillian Clayton, Elsie M. Lawler, Mary M. Riddle, Sarah E. Sly, Mrs. J. E. Roth, Jane Van De Vrede.

The joint boards of directors accepted a plan presented by the Mutual Relations Committee for a more definite responsibility in the work at National Headquarters. A committee of three is appointed from each organization which will have oversight of the affairs of the association it represents. Two of these committees may meet together, when affairs affecting two organizations are involved, but the three will serve as a Common Activities Committee when all three are concerned. The office directors will act with these committees, though not members of them. The treasurer for National Headquarters funds will be a member of the Common Activities Committee. The disbursing officer will be one of the Office Directors.

BIRTHS

To Mrs. F. J. Ward (*Hilda Busby*, class of 1915, Williamsburgh Hospital, Brooklyn) a daughter, Olive Joan, at Rawalpindi, Punjab, Northern India, November 4.

To Mrs. J. F. Stroka (*Sue Clark*, class of 1918, City Hospital, E. Liverpool, Ohio) a daughter, Dorothy Ann, November 16.

To Mrs. Alfred Anders (*Daisy Davenport*, class of 1919, Michael Reese Hospital, Chicago) a son, January 1.

To Mrs. W. E. Tinney (*Claudia Fudge*, Protestant Deaconess Hospital, Indianapolis, Indiana) a son, Henry C., October 12.

To Mrs. Benjamin Novak (*Stella Klemish*, class of 1914, Mercy Hospital, Cedar Rapids, Iowa) a daughter, Helen Louise, November 27.

To Mrs. Joseph W. Post (*Miss Long*, Methodist Episcopal Hospital, Philadelphia) a son, December 18, 1921.

To Mrs. William E. Beck (*Jean E. Miller*, class of 1920, Indiana Hospital, Indiana, Pa.) a daughter, October 26.

To Mrs. Ralph Evans (*Olive McCree*, class of 1917, Indiana Hospital, Indiana, Pa.) a daughter, November 2.

To Mrs. M. C. Edmunds (*Beatrice Nuneville*, class of 1913, Protestant Episcopal Hospital, Philadelphia) a daughter, Sara Beatrice, December 5, at Anchorage, Alaska.

To Mrs. M. J. Sponster (*Mary Smith*, class of 1916, Massachusetts State Infirmary, Tewksbury) a daughter, in November.

MARRIAGES

Elsie M. Baker (graduate of a school in Richmond, Va.) to Nels M. Grefsheim, November 29. At home, Culver, Minn.

Little Beck (class of 1915, Indianapolis City Hospital) to Glenn A. Riggs, November 4. At home, Indianapolis, Indiana.

Elizabeth Benedict (class of 1920, Good Samaritan Hospital, Portland, Oregon) to William Henry Fitzmaurice, December 30, 1921. At home, Portland.

Carrie L. Best (class of 1905, Rhode Island Hospital, Providence, R. I.) to Ernest Ustick Buckman, M.D., December 29. At home, Wilkes Barre, Pa.

Ella Bogle (class of 1913, Research Hospital, Kansas City, Mo.) to William E. Dudley. At home, Glensfork, Ky.

Minnie M. Brakel (class of 1913, Mercy Hospital, Cedar Rapids, Iowa) to Harry L. Kinney, November 20, 1921. At home, Mason City, Iowa.

Florence E. Brown (class of 1914, Nassau Hospital, Mineola, Long Island) to Hobart S. Van Nostrand, M.D., January 5. At home, Ray Brook, New York.

Ada L. Cheney (class of 1919, Robert W. Long Hospital, Indianapolis) to Franklin A. Thayer, December 23. At home, Indianapolis.

Cora Cornell (class of 1919, Nassau Hospital, Mineola, L. I.) to Louis Day. At home, Floral Park, New York.

F. Corpé (class of 1912, Children's Homeopathic Hospital, Philadelphia) to Frank Deturler, in December. At home, Philadelphia.

Jennie May Cortis (class of 1917, Rhode Island Hospital, Providence, R. I.) to Floyd Grandon Willett, December 31. At home, Willimantic, Conn.

Jessie L. Cutlip (class of 1919, Philadelphia General Hospital) to Harry L. Hawkins, October 15. At home, Philadelphia.

Natalie M. Dodd (class of 1921, Christ Hospital, Cincinnati) to Stuart Read Miller, January 26. At home, Cincinnati, Ohio.

Marjorie Downing (class of 1920, Seattle General Hospital) to Chester W. King, December 18. At home, Seattle.

Edna A. Ferguson (class of 1910, Wesley Memorial Hospital, Chicago) to H. N. Hall, M.D., December 5, 1921. At home, Greenville, Ill.

Lydia Maria Fredericks (Minnesota) to David Livingston Rundlett, M.D., January 1. At home, Sioux Falls, S. D.

Helen F. Gibson (class of 1919, Rhode Island Hospital, Providence, R. I.) to Walter E. Burnett, December 21. At home, Providence, R. I.

Florence Hampson (class of 1916, Indianapolis City Hospital) to R. O. McLeod, in November. At home, Pablo Beach, Florida.

Rachel Talbot Hill (class of 1921, Rhode Island Hospital, Providence, R. I.) to Donald Samuel Tonge. At home, Providence, R. I.

Mary Veronica Kelley (class of 1914, Mercy Hospital, Ft. Dodge, Iowa) to Earl T. Maloney, November 22, 1921. At home, Eagle Grove, Iowa.

Harriet Kink (class of 1919, Michael Reese Hospital, Chicago) to David J. Margolis, M.D., January 10. At home, Chicago, Ill.

Sara Lane (class of 1921, Lankenau Hospital, Philadelphia, Pa.) to Richard Francis Gerlach, December 15, 1921. At home, Philadelphia.

Willie Belle Lee (class of 1919, Baptist Memorial Hospital, Memphis, Tenn.) to R. M. Dent, November 26. At home, Waterproof, La.

Mary C. Lodge (graduate of Clifton Springs Sanitarium, Clifton Springs, N. Y.), to John Hyde Mensel, December 23. At home, Bristol, Pa.

Olga E. Lorian (class of 1916, City Hospital, E. Liverpool, Ohio) to Paul W. Sullivan, in December.

Mabel V. Nelson (class of 1913, City and County Hospital, St. Paul) to W. Ashton Johnson, October 12, 1921. At home, Rockford, Ill.

Dorothea Quelch (class of 1920, Tucker Sanatorium, Richmond, Va.) to Charles F. Jones, October 27, 1921. At home, Wilmington, N. C.

Lorette Quinn (class of 1908, University of Pennsylvania Hospital, Philadelphia) to Melville Chater, October 22, in Constantinople, Turkey.

Rognhild Roback (North Dakota) to Charles D. Saxton, December 10. At home, Boise, Idaho.

Evelyn Sturrup (class of 1912, Nassau Hospital, Mineola, L. I.) to Fred Baldwin, December 3, 1921. At home, Hempstead, Long Island.

Charlotte Todd (class of 1910, West Side Hospital, Chicago) to George D. Pfeifferberger, on December 26. At home, Alton, Ill.

Eva Genevieve Thomas (class of 1914, Tri-City Hospital and Sanitarium, Moline, Ill.) to S. Mowry Sheldon, January 3. At home, New York City.

Erline Windrow (class of 1910, Presbyterian Hospital, Memphis, Tenn.) to M. F. Given, Jr., November 24. At home, Ripley, Tenn.

DEATHS

Olga Anderson (class of 1892, Michael Reese Hospital, Chicago) at the hospital, December 21, 1921. Miss Anderson was the first nurse in this training school and led an unselfish life of devotion to her profession.

Mary D. Haining (class of 1898, Illinois Training School, Chicago) at the Denver and Rio Grande Hospital, after a brief illness. Miss Haining's death means a loss to her many friends and to those to whom she ministered.

Hilda B. Herd (class of 1917, Protestant Episcopal Hospital, Philadelphia) in Syracuse, in November. Miss Herd was on her way to a church meeting when she was run over by an automobile. She died several hours later in St. Joseph's Hospital. The Red Cross pin she was wearing and the American Legion button, with the initials on her watch, helped to identify her. Miss Herd was superintendent of the People's Hospital, Syracuse, after graduation, and was later in Army service, being stationed at Camp Gordon and then at Perigueux, France, with Base Hospital 38. After her return, Miss Herd was for a time an instructor at the University of Iowa School of Nursing, but had recently returned to her home in Syracuse. Services at Trinity Episcopal Church were attended by all posts of the American Legion in that city, including the Clara Barton Post of which she was a member, by representatives of the Veterans' Bureau and of the Red Cross chapter and by the mayor of the city. Ex-service men in uniform acted as bearers. Burial was at her former home, Phillipsburg, Pa. All who knew her felt that a beautiful life had been blotted out. She had worked in the Home Service Department of the Red Cross and had shown great consideration to the disabled.

Mrs. Charles J. Higginbotham (Emily Wilkinson, class of 1904, Metropolitan Hospital School of Nursing, New York) in Streator, Ill., September 15.

Alice A. Marshall (class of 1897, Long Island College Hospital Training

School, Brooklyn, N. Y.) at her home, December 9, after a lingering and painful illness borne with fortitude. As a private nurse, Miss Marshall's altruism reflected great credit upon the profession which she loved. A large circle of friends mourns her loss.

Lila B. Mowrey (class of 1910, Protestant Episcopal Hospital, in Philadelphia) on December 21, at West Philadelphia, of ptomaine poisoning followed by pneumonia.

Orpha Shipman (class of 1893, Methodist Episcopal Hospital, Brooklyn, N. Y.) suddenly, of heart disease, at the hospital, January 3. Services were held at the home of her niece in Montclair, N. J., January 5. Burial was in Brockville, Ontario, Canada.

Mrs. Martha J. C. Smith died at Burlington, Vt., June 3, 1921.

Ida L. Sutliffe, whose death was noted in the January Journal, a pioneer in the nursing profession, was a graduate of the New York Hospital Training School for Nurses and was, for eighteen years, superintendent of the training school for nurses of the Long Island College Hospital, Brooklyn, where she died on December 6, after a lingering illness. Miss Sutliffe had spent the best years of her life in devoted service to the hospital and to those nurses who were fortunate in having been under her tuition. Impressive services were held at the Alumnae Association Club House, 182 Amity Street, Brooklyn, which she had organized in 1895. The large attendance of relatives, nurses, friends and doctors speaks of the high esteem in which she was held. Burial was at East Orange, N. J.

A NURSE'S PRAYER

I dedicate myself to Thee,
O Lord, my God! This work I undertake
Alone in Thy great name, and for Thy sake.
In ministering to suffering I would learn
The sympathy that in Thy heart did burn
For those who on life's weary way
Unto diseases divers are a prey.
Take, then, mine eyes, and teach them to perceive
The ablest way each sick one to relieve.
Guide Thou my hands, that e'en their touch may prove
The gentleness and aptness born of love.
Bless Thou my feet, and while they softly tread
May faces smile on many a sufferer's bed.
Touch Thou my lips, guide Thou my tongue,
Give me a word in season for each one.
Clothe me with patient strength all tasks to bear,
Crown me with hope and love, which know no fear,
And faith, that coming face to face with death
Shall e'en inspire with joy the dying breath.
All through the arduous day my actions guide,
And through the lonely night watch by my side.
So shall I wake refreshed, with strength to pray:
"Work in me, through me, with me, Lord, this day!"

—Selected.

BOOK REVIEWS

TEXT BOOK OF MATERIA MEDICA FOR NURSES. Compiled by Lavinia L. Dock, R.N. Revised in accordance with the ninth decennial revision of the U. S. Pharmacopœia. Seventh edition. 315 pages. G. P. Putnam's Sons, New York. Price, \$1.75.

This is the seventh and best edition of the book which has given so many nurses their first A B C's of the subject. The contents of the text, which is indexed, includes well chosen discussions of other related topics, such as the metric system, new and interesting changes in the last revision of the United States Pharmacopœia, and Electro-Therapeutics and Radiology.

One of the best features of the last edition is the organization of the subject matter according to the anatomical systems of the body, an arrangement which is helpful to the student nurse in correlating Materia Medica with other sciences.

On the other hand, the following are points which one might wish to take into consideration when selecting it for a text; first, there is no illustrative material; second, information regarding pathological conditions for which drugs are prescribed is reduced to a minimum; and, third, the text is rather elementary for the use of our better prepared students. Nevertheless, in spite of a few errors, the book contains a wealth of material, is well organized and it will meet better than ever the needs of many schools.

MARY M. MARVIN, R.N.,
Instructor, Simmons College, Boston.

PREVENTIVE MEDICINE AND HYGIENE. By Milton J. Rosenau. 1567 pages. D. Appleton and Company, New York. Price, \$10.

This large and valuable treatise is well known to our nurse instructors and should be in every school of nursing reference library. The new edition, the fourth, includes much new material of special interest and value to all public health nurses and, of course, that means all nurses who are working for community health. The edition of 1917 was called by Dr. Rosenau a special or military edition, prepared to meet the needs of an emergency. This last edition might very well be called a peace time contribution to the cause of public health.

The sections on Communicable Disease, Immunity, Food, Air, Water, Personal Hygiene, Disinfection and the Laboratory Course, will probably be of greatest value in the preliminary courses of our nursing schools; while those dealing with Public Health measures and methods, Mental Hygiene, Vital Statistics, Sewage and Refuse

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Disposal, Industrial Hygiene and Diseases of Occupation, and School Sanitation will give the background necessary for efficient work in the field of Public Health.

In the section dealing with Public Health measures and methods, Dr. Rosenau emphasizes man's part in the spread of communicable disease. He says: "Since most infections are spread rather directly from man to man, the forces of sociology must be brought in to aid those of preventive medicine. We can control our environment to a very great extent, but the control of man himself requires the consent of the governed. Therefore, it is easier to stamp out yellow fever than to control typhoid fever; easier to suppress malaria than syphilis; rabies than influenza; trichinosis than measles. Man rebels against one of the best of all specifics,—vaccination against smallpox. The fact that man is the chief source and reservoir of most of his own infections adds greatly to the scope and difficulties of public health work and often makes the prevention of disease dependent upon social and economic changes. In this sense preventive medicine is a very important factor in sociology."

This is the new public health, and it will be readily seen that such teaching is what we need for our nurse students. In this recognition of man as the source of disease, we have the reason for the rapid expansion of public health nursing, for if we are to control tuberculosis, eradicate typhoid, diphtheria, smallpox, and all other diseases, for which we have recognized specifics, it must be done by converting individuals to the gospel of public health, and so far, no agent has been so successful in this work as "that person called the nurse."

Dr. Rosenau gives a page, only, to Public Health Nursing, and describes the duties of the public health nurse as being "vague and varied." We agree that they are varied, but they seem, on the whole, to be pretty definite. The public health nurse (and we include all nurses) is the intermediary agent between man and man, who must teach the laws of health, break down old prejudices concerning the spread of disease, and help form a social conscience which shall eradicate preventable disease and raise the standard of health and efficiency for all people.

Dr. Rosenau's book is highly recommended for use in the libraries of nursing schools and public health nursing organizations, as well as for the "five foot shelf" of the individual nurse. We will guarantee that "fifteen minutes a day" with Rosenau will make any one of us more intelligent and efficient in the cause of nursing and health.

M. S. WELSH, R.N.,
Eastern Council of Nursing Education.

THE GLANDS REGULATING PERSONALITY. By Louis Berman, M. D. 291 pages. Price, \$3.50. The Macmillan Company, New York.

From the title of the book one may expect to find a study in Physiology. The book chiefly distinguishes itself, however, as a contribution to thought. The author, Dr. Louis Berman, is an associate in Biological Chemistry, Columbia University, and physician to the Special Health Clinic, Lenox Hill Hospital.

Almost all old ideas concerning human character and destiny are challenged by the possibilities of control of the glands of internal secretion and it is largely with this promise that the book deals.

The influence of each gland upon types of human nature and personality is discussed in detail and a summary of their secretion and function is given. The author modestly refrains from telling how much of the research work he has done. The belief is expressed that the physiologist has made the more important contributions in the quest for light on the future of the species, and it is they who will come upon the data that will render a good many of the Freudian dicta obsolete. A valid criticism of Freudianism is claimed and its technicalities and explanations are termed "Freudian jargon" and metaphors, as they provide no idea concerning what is happening in the brain and body cells as explanation for the event, and not until the cellular basis of a complex has been determined has real knowledge been arrived at. The possibilities of the chemistry of the soul, of endocrine neuroses and the physical basis of the unconscious are spoken of.

The chapter, "Some Historical Personages," makes deductions and generalizations which may create keen resentment, but that biography should present a number of illustrations to prove his theory is the belief of the author.

The present knowledge of the internal secretions presiding over all the functions of the organism is claimed to be exceedingly meagre, and Dr. Berman believes there is a crying need for an international institute, completely equipped for investigation upon the proper scale, to penetrate the mystery of personality with the ideal of absolute control of its composition, as its goal in view.

The book may be of value as a reference, as a good account is given of the discovery of the glands of internal secretion, their anatomy and physiology; also a discussion of cretinism. Fatigue, crime, prospects for public health and the spread of epidemics, claim a new point of interpretation.

ELsie MAURER, R.N.,

*Educational Director, Post-Graduate Hospital School of Nursing,
New York.*

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